

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 21 AM 11:31

DOCUMENT # P98000054483

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

FTS DISTRIBUTING, INC.

Principal Place of Business

Mailing Address

11767 S. DIXIE HIGHWAY
#367
MIAMI FL 33156-4

11767 S. DIXIE HIGHWAY
#367
MIAMI FL 33156-4



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

~~65-0844134~~

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	SPITE, WADEAHA	1955 LARKSPUR #626	SAN ANTONIO TX 78213
			800003084048--4 -12/30/99--01020--022 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARUSELLO, KENNETH J
1925 PONCE DE LEON BLVD.
CORAL GABLES FL 33113-4

Name
Carusello, Kenneth J.
Street Address (P.O. Box Number is Not Acceptable)
2655 Le Jeune Road
Suite, Apt. #, Etc.
Penthouse 1-D
City
Coral Gables

State | Zip Code
FL | 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/15/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-99

Date

Daytime Phone #