

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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DOCUMENT # **P99000071209**

1. Corporation Name  
**BSD DISTRIBUTORS, INC.**

Principal Place of Business	Mailing Address
21394 MARINA COVE CIRCLE #15-H AVENTURA, FL 33180	21394 MARINA COVE CIRCLE #15-H AVENTURA FL 33180



REINSTATEMENT 00-01

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

2. New Principal Office Address, if Applicable 20355 NE 34 COURT Suite, Apt. #, etc. 729 City & State AVENTURA - FL - 33180 Zip 33180 Country USA	3. New Mailing Office Address, if Applicable 20355 NE 34 COURT Suite, Apt. #, etc. 729 City & State AVENTURA FL Zip 33180 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 08/11/1999 <b>SP</b>
5. FEI Number 65-0939973		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	ICHILEVICI, BENY	19390 COLLINS AVENUE #202A	MIAMI FL 33160
VD	ICHILEVICI, ILAN	19390 COLLINS AVENUE #202A	MIAMI FL 33160

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 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name **BENY ICHILEVICI**  
 Street Address (P.O. Box Number is Not Acceptable)  
 20355 NE 34 COURT  
 Suite, Apt. #, Etc. 729  
 City **AVENTURA** State **FL** Zip Code **33180**

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]* Date **03/05/01**  
 REGISTERED AGENT MUST SIGN

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)(f), 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.

SIGNATURE: *[Signature]* **BENY ICHILEVICI** Date **03/05/01** Daytime Phone # **917-355-1608**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)