

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



99 OCT 19 PM 2:07

DOCUMENT # **S35966**

1 Corporation Name
INTERNATIONAL TECHNOLOGY DISTRIBUTORS, INC.

Principal Place of Business Mailing Address

20255 NE 15TH CT. 2411 NE 196TH STREET
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33180
US



2. Old Mailing Office Address, If Applicable
19595 NE 10th AVE
Suite, Apt. #, etc. **BAY "A"**

3. New Mailing Office Address, If Applicable
19595 NE 10th AVE
Suite, Apt. #, etc. **BAY "A"**

City & State
N. MIAMI BCH FL

Zip **33179** Country **US**

4. Date Incorporated or Qualified To Do Business in Florida
03/06/1991

5. FEI Number
65-0312179

6. CERTIFICATE OF STATUS DESIRED \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DRUCKMAN, JERRY	2411 NE 196TH STREET	NO MIAMI BCH FL
DS	DRUCKMAN, YEHUDITH	2411 NE 196TH STREET	NO MIAMI BCH FL

500003058825-0
-12/02/99 01052-008
***158.00 ***158.00

10/10/25

8. Name and Address of Current Registered Agent

LEDERER, STEVEN L.J.
2450 N.E. MIAMI GARDENS DRIVE
SUITE 100
NORTH MIAMI BEACH FL 33180

Passed away.

9. Name and Address of New Registered Agent

Name **Jerry Druckmann**
Street Address (P.O. Box Number is Not Acceptable)
19595 NE 10 Ave. BAY "A"
Suite, Apt. #, Etc.
City **N.M.B** State **FL** Zip Code **33179**

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] REGISTERED AGENT MUST SIGN Date **10/13/99**

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.

SIGNATURE: *[Signature]* **DRUCKMAN YEHUDITH** Date **10/13/99** (305) **651-0159**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1999)



**INTERNATIONAL
TECHNOLOGY
DISTRIBUTORS, INC.**

19595 N.E. 10th AVE.
BAY "A"
NORTH MIAMI BEACH
FLORIDA 33179, U.S.A.

Phone: (305) 651-0159

Fax: (305) 651-0341

E-mail: itdi@itdi.com

**FLPRIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
Division of Corporations**

RE: Document # S35966
FEIN # 65-0312179

Dear Madam;

Since we have established our company we never failed to pay for a corporation annual report.

Yesterday we received by mail a notice that the above company is dissolved since we failed to file the report.

The report was never received neither in the mailing address nor in the business address.

The first notice we received regarding this issue is the notice of dissolving the company.

I am sending you the application for reinstatement and a check for \$150.00

Please reinstate the corporation.

Your help is very appreciated.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Yehudith", is written over a horizontal line.

Yehudith Druckmann
Director