1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT -5 AM 10:41

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000082362

1. Corporation Name

COUNTYWIDE DISTRIBUTOR CORP.

2. Principal Office Address	**3.** Mailing Office Address
11120 S.W. 120 ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
MIAMI, FL.	
Zip: 33176 Country: U.S.A.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: SEPT. 1999

5. FEI Number: 65-0948525 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ERNESTO A. ECHAURI

300004649903--1
-10/23/01--01044--021
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 11120 S.W. 120 ST.

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 10-03-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/98)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ERNESTO ECHAURI	11120 S.W. 120 ST.	MIAMI, FL 33176
S/T	LUCIA ECHAURI	11120 S.W 120 ST	MIAMI, FL 33176
			AD

10. 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: ERNESTO A. ECHAURI 10-03-01 305-389-7483

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

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OCTOBER 03, 2001.

TO WHOM IT MAY CONCERN

DEAR SIRS,
I, ERNESTO A. ECHAURI (PRESIDENT\DIRECTOR) FOR COUNTYWIDE DISTRIBUTOR CORP. I RECEIVED A PHONE CALL FROM THE ACCT.SUPERVISOR AT MY BANK TO INFORM ME THAT MY CORPORATION WAS INACTIVE, IMMEDIATELY I CALLED YOUR OFFICES TO FIND OUT WHAT WAS HAPPENING, WHEN I LEARNED THAT THE CORPORATION WAS DISSOLVED I WAS DEVASTATED, I TOLD THE LADY THAT I WAS TALKING TO AT YOUR OFFICES, THAT WHY WOULD MY CORPORATION BE PUT INACTIVE OR DISSOLVED, AND SHE EXPLAINED TO ME THAT YOUR DEPT. HAD SENT OUT SOME MAIL. IMMEDIATELY I TOLD HER THAT I HAD NOT RECEIVED ANY INFORMATION OR MAIL STATING SUCH THING, OTHERWISE I WOULD HAVE NOT LET SUCH A THING HAPPEN TO MY CORPORATION.
THE LADY THAT I SPOKE TO ON THE PHONE TODAY OCTOBER 3, 2001. ADVISED TO PUT EVERYTHING THAT I WAS EXPLAINING TO HER ON THE PHONE IN WRITING AND MAIL IT TOGETHER WITH A $ 150.OO CHECK AND ASK TO SEE IF YOUR DEPT. WOULD CONSIDER MY REQUEST BEING THAT I WAS NOT NOTIFIED OF ANY OF THESE EVENTS TAKING PLACE.

I SINCERELY THANK YOU IN ADVANCE FOR YOUR CONSIDERATION TO THIS PROBLEM AND WISH THAT YOU HELP ME BEING THAT I HAD NO INTENTIONS OF WRONG-DOING.

SINCERELY,
ERNESTO A. ECHAURI
COUNTYWIDE DISTRIBUTOR CORP.