

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **323172**

1. Corporation Name
HISPANO AMERICAN DISTRIBUTORS INC

Principal Place of Business Mailing Address
~~4010 N MANHATTAN AVE~~ ~~TAMPA FL 33614~~ ~~4813 N MANHATTAN AVE~~ ~~TAMPA FL 33614~~



REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable 5004 N. HALE AVE Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 5004 N. HALE AVE Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11/15/1967
City & State TAMPA, FL	City & State TAMPA, FL	5. FEI Number 59-1205988
Zip 33614	Country USA	Country USA
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable
		\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BEQUER, JESUS NAPOLEON	4011 CLOVERLAWN DR	TAMPA FL
ST	BEQUER, GUSTAVO	8400 W BRADDOCK ST	TAMPA FL
VP	BEQUER, VITALIA	4011 CLOVERLAWN DR	TAMPA FL
PD	ARMARIO, VICENTE	8231 DRY CREEK DR.	TAMPA FL 33615
ST	ARMARIO VICENTE	8231 Dry Creek Dr	Tampa FL 33615

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEQUER, JESUS N 4010 N MANHATTAN AVE TAMPA FL 33614	Name ARMARIO, VICENTE
	Street Address (P.O. Box Number is Not Acceptable) 8231 DRY CREEK DR.
	Suite, Apt. #, Etc.
	City TAMPA,
	State FL
	Zip Code 33615

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 _____ Date **5/7/98**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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)(l), 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: **VICENTE ARMARIO** **5/7/98** **(813)876-8789**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)