

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 16 AM 10:52

DOCUMENT # 539625

1. Corporation Name

TECHNICAL DISTRIBUTORS INC.

300055191673
05/24/05--01050--019 **2672.50

2. Principal Office Address

14501 SW 88th St- APT 406H

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

APT 406 H

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33186

Country

DADE

Zip

33186

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

07-12-1977

5. FEI Number

591778853

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FEDERICO GESIO

Street Address (P.O. Box Number is Not Acceptable)

14501 SW 88th Street

Suite, Apt. #, Etc.

APT 406 H

City

MIAMI-

State

FL

Zip Code

33186

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

Federico Gesio
REGISTERED AGENT MUST SIGN

Date 5/13/2005

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	FEDERICO GESIO	14501 SW 88th St- APT 406H	MIAMI-FL 33186
VP	OLGA GESIO	>>	>>
S	EDUARDO GESIO	>>	>>

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:

Federico Gesio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/13/2005

Daytime Phone #

305-871-6767

CR20081 (01/05)