

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 APR 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000000282

1. Corporation Name

QUESTRON DISTRIBUTION LOGISTICS, INC.

2. Principal Office Address

6400 CONGRESS AVENUE

Suite, Apt. #, etc.

2000

City & State

BOCA RATON, FL

Zip

33487

Country

USA

3. Mailing Office Address

6400 CONGRESS AVENUE

Suite, Apt. #, etc.

2000

City & State

BOCA RATON, FL

Zip

33487

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/18/95

5. FEI Number

65-0537602

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

NATIONAL CORPORATE RESEARCH, LTD., Inc.

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

1406 HAYS STREET

Suite, Apt. #, Etc.

2

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Katherine J. Hill
REGISTERED AGENT MUST SIGN *Katherine J. Hill*

Date **4/18/01**

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
CEO	DOMINIC A. POLIMENI	6400 CONGRESS AVE #2000	BOCA RATON, FL 33487
PD	DOUGLAS ZADOW	6400 CONGRESS AVE #2000	BOCA RATON, FL 33487
CFO	ROBERT V. GUBITOSI	6400 CONGRESS AVE #2000	BOCA RATON, FL 33487
VP	PHILLIP D. SCHWIEBERT	386-388 RAILROAD CT.	MILPITAS, CA 95035
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			*****8.75 *****8.75

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:

DOMINIC A. POLIMENI

DOMINIC A. POLIMENI

Date

4/17/01

Daytime Phone #

(561) 241-5251