

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FA00000005159**

1. Corporation Name

CAIMAN DISTRIBUTION, CORP.

2. Principal Office Address

1666 NW 82nd AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

1666 NW 82nd AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

10/7/96

5. FEI Number

65-0696419

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

DIDIER PILON

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

1666 NW 82nd AVENUE

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33126

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

REGISTERED AGENT MUST SIGN

Date 11/20/00

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
D	DIDIER PILON	1666 NW 82nd AVENUE	MIAMI, FL 33126

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIDIER PILON

11/20/00

Date

(305) 639-6700

Daytime Phone #

CR2E081 (9/99)