

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
04 JAN 13 AM 8:33

DOCUMENT # F96000005159

**1. Corporation Name**

CAIMAN Distribution Corp.

**2. Principal Office Address**

7863 NW 15TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

USA

**3. Mailing Office Address**

7863 NW 15TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

USA

**REINSTATEMENT**

03-04

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

10-07-96

**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

Didien Pilon

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

7863 NW 15TH STREET

Suite, Apt. #, Etc.

City

MIAMI

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

**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
President	Didien Pilon	7863 NW 15TH STREET	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)(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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-468-3890

CR2E081 (10/02)