

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G35825

1. Corporation Name

JCI Distributors, INC.

REINSTATEMENT 02

2. Principal Office Address
13155 SW 42 STREET

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
Suite # 108

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33175

Country
USA

Zip

Country

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

5. FEI Number
59-2308309

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
John F. Subero

Street Address (P.O. Box Number is Not Acceptable)
13155 SW 42 STREET

Suite, Apt. #, Etc.
Suite # 108

City
Miami

State
FL

Zip Code
33175

900008770699

11/04/02--01014--007 **758 75

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 10/31/02

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	John F. Subero	3400 SW 27 Avenue # 401	Miami, FL 33133

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

Date

Daytime Phone #

CR2E081 (9/01)

11/8/02