

H19330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

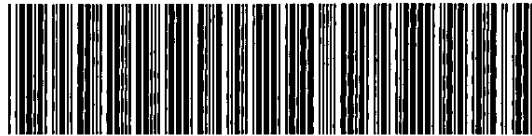
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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205

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Commonwealth DIST. INC  
(Name of Corporation)

**DOCUMENT NUMBER:** H19330

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry Cohen  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

PO Box 526951  
(Address)

Miami, FL 33152  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barry Cohen at (954) 815-1800  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

June 5, 2006

**BARRY COHEN**  
**COMMONWEALTH DISTRIBUTORS, INC.**  
**P.O. BOX 526951**  
**MIAMI, FL 33152**

**SUBJECT: COMMONWEALTH DISTRIBUTORS, INC.**  
**Ref. Number: H19330**

We have received your document for **COMMONWEALTH DISTRIBUTORS, INC.** and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$1015.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2004 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum  
Document Specialist

Letter Number: 806A00038620

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Barry Cohen, hereby resign as OFFICER (DP)  
(Title)

of Commonwealth DISTRIBUTORS, Inc.  
(Name of Corporation),

H19330, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Barry Cohen  
(Signature of resigning officer/director)

**FILED**  
06 JUL -6 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314