

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H32554**

1. Corporation Name

S & H DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

8300 NW 70 ST.
MIAMI FL 33166
US

8300 NW 70 ST.
MIAMI FL 33166
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2517314

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DST	HAWKES, DUANE KYLE	4027 SW 140 AVENUE	DAVIE FL 33330
D	SOST, PAUL EDWARD	19431 NW 3 ST	PEMBROKE PINES FL

900023709239
10/10/03--01053--012 **150.00

8. Name and Address of Current Registered Agent

WEBBER, BARRY
4430 S.W. 64TH AVE.
FORT LAUDERDALE FL 33314

9. Name and Address of New Registered Agent

Name

PAUL E. SOST

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

8300 NW 70 STREET

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date 10.09.03

REGISTERED AGENT MUST SIGN

11. 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:

PAUL E. SOST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.09.03

Date

305-592-1746

Daytime Phone #

CR2E040 (7/03)



Distributors, Inc.

THE HEAVY DUTY FLEET SPECIALISTS

Department of State
Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines St.
Tallahassee, FL 32399
October 9, 2003

TO WHOM IT MAY CONCERN

RE: S&H DISTRIBUTORS, INC.

This serves to inform you that my failure to file the 2003 Uniform Business Report in a timely manner was not as a result of willful neglect on my part but because I did not receive the notices. Please accept my apologies and waive the reinstatement fee and associated penalties. I have enclosed a check in the amount of \$150.00 (Check No. 16397) along with the completed Application for Reinstatement.

Thank you for your cooperation and understanding.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paul E. Sost'. The signature is written in a cursive style with a large, sweeping loop at the end.

Paul E. Sost
PES/sbm

Enclosures