

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 23 AM 11:19

DOCUMENT # H39637

1. Corporation Name

FLORIDA CARBONIC DISTRIBUTOR, INC.

Principal Place of Business

% HERBERT V. HINELY
1610 S DIVISION AVE. PO BOX 1070
ORLANDO FL 32805

Mailing Address

% HERBERT V. HINELY
1610 S DIVISION AVE. PO BOX 1070
ORLANDO FL 32805



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/25/1985	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2506731	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HINELY, HERBERT V.	1610 S DIVISION AVE	ORLANDO FL
V	HINELY, J. VERNON	1610 S DIVISION AVE	ORLANDO FL
S	HINELY, PATRICIA J	1610 S DIVISION AVE	ORLANDO FL

900003455999--8
-11/07/00--01116--006
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HINELY, HERBERT V. 1610 S DIVISION AVE ORLANDO FL 32805	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

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.

Signature of Registered Agent

Herbert V. Hinely
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/18/00

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:

Herbert V. Hinely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/00 800-522-1214

Daytime Phone #

CR2E040 (8/00)

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2914 US 301 NORTH
TAMPA, FL 33619
(813) 627-0042

October 19, 2000

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, FL 32314-6327

Re: Document # H39637
Additional Charges Waived

Dear Sir:

This letter is to inform you that we had changed our corporate office from Orlando to Tampa. Therefore, we never had received the original bill from your office.

As per our discussion with your office, we were advised to send this letter, along with a check, our changed address, and the extra charge would be waived.

The address for our Corporate office is:

Florida Carbonic Distributor, Inc.
2914 US 301 North
Tampa, FL 33619

If you are in need of any additional information, please do not hesitate to call. Thank you.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Herbert V. Hinely', is written over a horizontal line.

Herbert V. Hinely
President

HVH/cm