PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION OF FOR QUEENS TATEMENT	
FORUS	
REINSTATEMENT	

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS A

Feb 17 1998 8:00 am

FILED

DOCUMENT #H68898 1. Corporation Name Commerce Distribution Systems, Inc.					Secretary of State				
					TALLAHASSEL, FLURIDA				
Principal Place of Business Mailing Address			-						
	2801 N. W. 74 Miami, FL 33 ddresses are incorrect in any way, line to noipal Office Address, If Applicable	3122 hrough incorrect i			4. Date Incor	STATEMEN	196	98	
Suite, Apt.	#, etc.	Suite, Apt. #	. #, etc.		To Do Business in Florida				
City & State		City & State			5. FEI Numb	=2566570	├	Applied For Not Applicable	
Zip	Country	Zip	C	ountry	6.	SB.7	75 Addition or a Certific	al Fee re	equired
7. Names a	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit co	prporations must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors		3 (Do No	Street Address of Each Officer and/or Director OT Use Post Office Box I	or City / State / Zip				
Pres S/T	Monica N. Casas	540 Cypress Pte Dr E			Pembroke Pin	es, F	'L	3302	
V/P	Alexandra Gayraı	15717 N.W. 10 St.			Pembroke Pines, FL 3				
						(8)2/17/	98		
					70	000024351 -02/19/980			6
r -						***1050.00			0
			ļ			000024350 -02/19/380			6 _
						******8.75			5
	8. Name and Address of Curren	t Registered Age	ent		9. Name and	Address of New Registered A	\gent		
				Name					R2E040 (1/98)
Monica N. Casas 540 Cypress Pte Dr.E Pembroke Pines, FL 33027 Suite, Apt. #, Etc.			Street Address (F	dress (P.O. Box Number is Not Acceptable)					
			o						
City				City	State Zip Code				
10. I, being Signature of Registered A	IgenICC YCCCEO	ove named corporate AG	161		bligations of Sect		1		
11. Thi	s corporation owes or hangible Personal Proper	as paid th	e current		No 🗖	(See other side on intang	e for informa gible tax.)	ıtion	
	hat I am an officer or director or the rece tatement application, the reason for dist								

owed by the corporation have been paid and the names of individuals listed on the amount of the corporation have been paid and the names of individuals listed on the amount of the corporation 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

01/31/98 (305)470-7545 Date Daytime Phone #