

Audit No. H08000026152 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 JAN 31 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K31075

1. Corporation Name

INDIAN CREEK DISTRIBUTORS, INC.

2. Principal Office Address - No P.O. Box #

1395 BRICKELL AVENUE

Suite, Apt. #, etc.

14TH FLOOR-JHF

City & State

MIAMI, FL

Zip

33131

Country

3. Mailing Office Address

1395 BRICKELL AVENUE

Suite, Apt. #, etc.

14TH FLOOR-JHF

City & State

MIAMI, FL

Zip

33131

Country

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1988

5. FEI Number

65-0114587

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN H. FRIEDHOFF, ESQ.

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

1395 BRICKELL AVENUE

Suite, Apt. #, Etc.

14TH FLOOR

City

MIAMI

State

FL

Zip Code

33131

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

January 30, 2008

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
DVT	BRUNO, V.	1395 BRICKELL AVE., 14TH FLOOR	MIAMI, FL 33131
PS	ZOCCHI, P.V.	1395 BRICKELL AVE., 14TH FLOOR	MIAMI, FL 33131
REINSTATEMENT			
	RH	108	

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 contained in Chapter 119, 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:

J.H. FRIEDHOFF ATTORNEY

Jan 30, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Audit No. H08000026152 3

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (305) 789-9201

*Re-fixed to
include audit
number on
reinstatement
application*

CORPORATION REINSTATEMENT

INDIAN CREEK DISTRIBUTORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00