PLEASE READ ALL INSTRUC

APPLICATION FOR REINSTATEMENT



FLORIDA DE

Secretary c

1. DOCUMENT #

L00000015927

Name and Mailing Address

.fE Gle DIVISION OF CORPORATIONS

04 FEB 10 AM 11: 15

COMPLETING THIS FORM.

SECRETALLY OF STATE TALLAHASSLE FLORIDA

Mim

0004398 01 AT 0,292 **AUTO T9 0 0615 33009-443260 Indiantialiantiantialialiahidiahidiahidiahidiahidiah CAMAR DISTRIBUTION, LLC 1160 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009-4432

HALLANDALE FL 33009-4432									
	والمستحدد والمستدود والمستحد				-2110			S@0€)-id(
2. New Mailing Address					4. Stale/Coun	try of Formation			
Cify, State, Zip				and the state of t	Date Organized or Qualified To Do Business in Florida 12/21/20			2/21/2000	<u> </u>
Principal Place of Business 3. New Principal Place of Busines 1160 E. HALLANDALE BEACH BLVD.				ss Address	6. FEI Number 65~1062671			Applied Not App	For
HALLANDALE FL 23009 City, State, Zi			ip		7. CERTIFICATE OF STATUS DESIRED S			5.00 Additional Fee required for a Certificate of Status	
	8. Name and Address of Current	Registered Age	nt		9. Name and	Address of New Reg	istered Age	nt	
BERKOWITZ, RICHARD A ONE SE THIRD AVE., 15TH FLOOR				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131				4000241-8677			4		
							150.00 Zip Code		
 	· · · · · · · · · · · · · · · · · · ·					FL	zip code		
LO. I, being	g appointed the registered agent of the al	oove named limit	ted liability company,	am familiar with a	and accept the obliq	gations of Chapter 60	8, F.S.		
Signature of Registered A		PAIDIE	REQUIR	ED	<u> </u>	Date	27/0	3	
icgisic/cu/		GISTERED AG	ENT MUST SIGN				_//		
L1. Names	and Street Addresses of Each Managing	Member/Mana				T			
Title(s)	Name of Managing Members/Managers			eet Address of Ea ging Member/Mar		City / State / Zip			
MGRM	SZERER, ROBERTO		1160 E. HALLANDALE BEACH BLVD.			HALLANDALE FL 23009			
				-					
MGRM	MGRM DURCHFORT, RONALD		1160 E. HALLANDALE BEACH BLVD.			HALLANDALE FL 23009			
	-				40 0 02/23/0	002 41 8 4010880	6774 01 **5	4 50.00	
					REINS		ENT	200	3-
filing th all fees as if m Signature of Managing M	y that I am managing membel manager of size reinstatement application the reason for sowed by the limited liability of mpany haviade under oath. If Member/Manage inted name of signing Managing Member	r dissolution las re beel paid. The	been eliminated the	limited liability co d on this applicati	mpany name satisfi ion is true and accu	es the requirements (of section 60 e shall have	8.406, F.S., a the same leg	nd that