

PLEASE READ ALL INSTRUCTIONS

COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE Secretary of State DIVISION OF CORPORATIONS

FILED 04 FEB 10 AM 11:15 SECRETARY OF STATE TALLAHASSEE FLORIDA

MJM

1. DOCUMENT # L00000015927 Name and Mailing Address

0004398 01 AT 0.292 \*\*AUTO T9 0 0615 33009-443260 CAMAR DISTRIBUTION, LLC 1160 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009-4432



2. New Mailing Address, 4. State/Country of Formation, 5. Date Organized or Qualified To Do Business in Florida, 6. FEI Number, 7. CERTIFICATE OF STATUS DESIRED, 8. Name and Address of Current Registered Agent, 9. Name and Address of New Registered Agent

CR2E034 (7/03)

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent, Date 1/27/03

Table with 4 columns: Title(s), Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entries for SZERER, ROBERTO and DURCHFORT, RONALD.

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REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. Signature of Managing Member/Manager, Date, Daytime Phone #