

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
J. Lynn Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -6 AM 10:03

1. DOCUMENT # L01000002458

Name and Mailing Address

0002982 01 FP 0.352 **PRSR T9 0 0615 33180-364565



S.T.I. DISTRIBUTORS LLC
3165 N.E. 207TH TERRACE
AVENTURA FL 33180-3645

800014094348
03/14/03--01078--022 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

3165 N.E. 207TH TERRACE
AVENTURA FL 33180

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/15/2001

6. FEI Number

65-1078202

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

DIMITRI, LEA SALAMA
888 SOUTHEAST THIRD AVE.
SUITE 400
FT. LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Lea Salama
REGISTERED AGENT MUST SIGN

Date

MAR 11 2003

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	David Franco Akinin	3165 NE 207th Terrace Aventura, Florida 33180	Aventura, Florida 33180

REINSTATEMENT 2002, 03

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. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

David Franco Akinin

Date

MAR 11 2003

Daytime Phone # (786) 797-2625

David Franco Akinin

CR2E084 (8/02)