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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
Jan 06, 2004 8:00 A.M.
Secretary of State

1. **DOCUMENT #** L02000032522

Name and Mailing Address

0017368 01 FP 0.352 **PRSR T3 0 0615 33126

INGRAM DISTRIBUTION, LLC
1334-36 N.W. 78TH AVENUE
MIAMI FL 33126

900025770639
12/28/03--01031--005 **155.00



| | | | |
|---|--|---|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 12/04/2002 | |
| Principal Place of Business 1334-36 N.W. 78TH AVENUE MIAMI FL 33126 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 03-0485533 | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent HEIN, THU 8039 LAKE DR., APT. #201 MIAMI FL 33126 | | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 9. Name and Address of New Registered Agent Name HEIN, THU Street Address (P.O. Box Number is Not Acceptable) 8854 W. FLAGLER STREET, #209 City MIAMI FL 33174 | | | |
| 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 SIGNATURE REQUIRED Date 12/12/2003 REGISTERED AGENT MUST SIGN | | | |
| 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 |
| MGR | THU HEIN | 8854 W. FLAGLER STREET, #209 | MIAMI, FL 33174 |
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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

SIGNATURE REQUIRED

Date 12/12/2003 Daytime Phone # (305) 717-3378

Typed or printed name of signing Managing Member/Manager

THU HEIN

CR2E034 (7/03)

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Ingram Distribution, LLC.
1334-36 N.W. 78th Avenue
Miami, FL, 33126
Phone: (305) 717-3378 Fax: (305) 717-3373

December 12, 2003

Florida Department of State
Secretary of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement

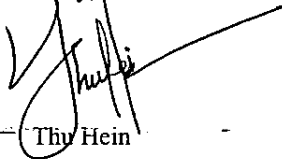
Dear Sir/Madam:

Attached is application for reinstatement. Per Revocation letter explained that Ingram Distribution, LLC failed to file its 2003 company uniform report. But Ingram Distribution receive neither first letter nor the second letter.

After contacting your office by phone, Ingram Distribution would like to request for reinstatement. Enclosed please find Application for Reinstatement along with \$155.00 check for reinstatement/annual report fee and certificate.

Thank you for your consideration in this matter.

Truly,



Thuy Hein

Manager