

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L71652**

1. Corporation Name

ATLANTIC PACIFIC DISTRIBUTORS, Inc.

2. Principal Office Address

2158 W. ATLANTIC AVE

3. Mailing Office Address

2158 W ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLray Beach, FL.

City & State

DeLray Beach, FL.

Zip

33445

Country

USA.

Zip

33445

Country

U.S.A.

REINSTATEMENT 03

300024177953

10/27/03--01111--014 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 7, 1990

5. FEI Number

65-0208678

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JUNE OZNER

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

2158 W. ATLANTIC AVE.

Suite, Apt. #, Etc.

City

DeLray Beach

State

FL

Zip Code

33445

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

June Ozner
REGISTERED AGENT MUST SIGN

Date

10/24/03

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
P	JUNE OZNER	2158 W. ATLANTIC AVE	DeLray Beach, FL 33445
ST	MARILYN LORENZO	2158 W. ATLANTIC AVE	DeLray Beach, FL 33445
V	Deborah Ozner	2158 W. ATLANTIC AVE	DeLray Beach, FL 33445

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 under section 119.07(3)(i), 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:

June Ozner, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-03 (561) 278-0002

Date

Daytime Phone #

6/24/03

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

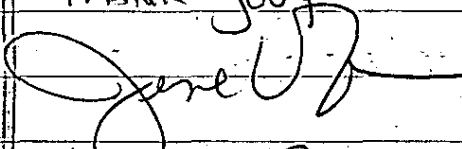
Doc # L71652

Gentlemen:

Please be advised that the Annual Report for Atlantic Pacific was not received for the year 2003. Please waive the \$750.00 fee as this report was never received.

Enclosed is a check for \$150.00 plus an additional \$8.75 to reinstate the Corporation and receive a certificate of Status.

Thank You,



Atlantic Pacific Distributors
June Ozner, President