

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 15 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M22818

1. Corporation Name

INTERNATIONAL CARIBBEAN DISTRIBUTORS, INC.

2. Principal Office Address

14250 S.W. 136 Street

Suite, Apt. #, etc.

Unit #2

City & State

Miami, Florida

Zip

33186

Country

U.S.

3. Mailing Office Address

14250 S.W. 136 Street

Suite, Apt. #, etc.

Unit #2

City & State

Miami, Florida

Zip

33186

Country

U.S.

REINSTATEMENT 95-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

November 1, 1985

5. FEI Number

592599920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert A. Kanziger, Esquire

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

9130 South Dadeland Boulevard, Suite #1705

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

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

Date

3/14/02

REGISTERED AGENT MUST SIGN

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
Pres	Manuel Rocafort	14250 S.W. 136 Street Unit #2	Miami, FL 33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



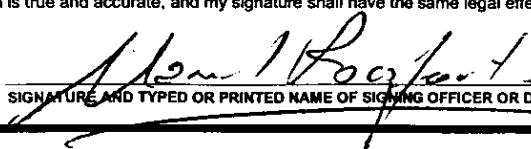
Date

3/29/02 305-252-7778

Daytime Phone #

CR2E081 (9/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M22818			
1. Corporation Name INTERNATIONAL CARIBBEAN DISTRIBUTORS, INC.			
2. Principal Office Address 14250 S.W. 136 Street Suite, Apt. #, etc. Unit #2 City & State Miami, Florida Zip 33186 Country U.S.		3. Mailing Office Address 14250 S.W. 136 Street Suite, Apt. #, etc. Unit #2 City & State Miami, Florida Zip 33186 Country U.S.	
		4. Date Incorporated or Qualified To Do Business in Florida November 1, 1985	
		5. FEI Number 592599920	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Robert A. Kanziger, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 9130 South Dadeland Boulevard, Suite #1705			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33156
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 		Date 3/14/02	
REGISTERED AGENT MUST SIGN			
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
Pres	Manuel Rocafort	14250 S.W. 136 Street Unit #2	Miami, FL 33186
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: 		3/29/02 305-252-7778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (9/01)

*Law Offices of
Robert A. Kanziger*

TELEPHONE
(305) 670-2800
TELEFAX
(305) 670-4919

TWO DATRAN CENTER
9130 SOUTH DADELAND BOULEVARD
SUITE 1705
MIAMI, FLORIDA 33156

April 9, 2002

CERTIFIED MAIL-RETURN RECEIPT

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

Re: International Caribbean Distributors, Inc.

Gentlemen:

Enclosed is an original and one copy of the Corporation Reinstatement of International Caribbean Distributors, Inc., please return a file stamped copy in the enclosed envelope.

A check for \$1,800.00 is enclosed for the reinstatement fee.

Thank you for your cooperation.

Very truly yours,


Robert A. Kanziger

RAK/sms

Enclosures