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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMS

	RPORATION STATEMENT	Katherir Secretar	TMENT OF STATE ne Harris y of State corporations	02 APR 15 AM 9: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Corpora	JMENT # M22818 ation Name CRNATIONAL CARIBBEAN	DISTRIBUTORS,						
1425	ol Office Address O S.W. 136 Street			REINSTATEMENT 95-02				
Suite, Apt. # Unit City & State	#2	Suite, Apt. #, etc. Unit #2 City & State	يت يريد المراجي الد	4: Date Incorporated or Qualified To Do Business in Florida November 1, 1985				
Miami, Florida Zip Country		Miami, Florida Zip Country		5. FEI Number Applied For 592599920 Not Applicable				
3318	6 U.S.	33186	U.S.			75 Additional Fee required or a Certificate of Status		
8. I, being Signature of Registered	Agent All Land 13/	o Acceptable) d Boulevard,	familiar with and accept the o	Sta F bligations of section 60	L 33156			
9. Names	and Street Addresses of Each Officer and			ast 3 directors)	···········			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Directo		City / Sta	te / Zip		
Pres	Manuel Rocafort	1425 Unit	0_S.W. 136_8 #2	StreetM	iami, FL	33186		
this rein	r that I am an officer or director or the receinstatement application, the reason for dissipy the corporation have been paid and the application is true and accurate, and my signature.	olution has been eliminated names of individuals listed o	, the corporate name satisfies on this form do not qualify for	the requirements of sec an exemption under sec	ction 607.0401 or 617.04 tion 119.07(3)(i), F.S. Th 1 19/02/305-2	to1, F.S., that all fees le information indicated		

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			FLORIDA DEPAR	TMENT OF ST	ATE					
1	RPORATION ISTATEMENT	ORATION Katherine Harris			_					
DOCUMENT # M22818										
1. Corporation Name INTERNATIONAL CARIBBEAN DISTRIBUTORS, IN										
2. Principa	at Office Address		3. Mailing Office Addre	Mailing Office Address						
		36 Street	14250 S.W. 136 Street							
Suite, Apt.# Unit	#, etc. ; #;2 ·		Suite, Apt. #, etc. Unit #2		4. Date Incorp				\neg	
City & State		•	City & State			To Do Busin		orida November	r 1, 19	85
Miam	ni, Flori	đa	Miami, Florida			5. FEI Number Applied For 592599920 Not Applied				
^{Zip} 3318	Cour	utry U.S.	^{Zip} 33186	Country U.S.		6. CERTIFICATE	OF STATU	S DESIRED S8.75	Additional Fee a Certificate of	e required
			7. Name and	Address of Current F	Registere	ed Agent				·
;	Name Robert	A. Kanziger	. Fsanire				-			
		P.O. Box Number is No	 				••			
			d Boulevard,	Suite #170	5					
	Suite, Apt. #, Etc.									
1	City MIAMI						State	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.										\Box
Signature of							Data	2/14/1	12_	ŀ
Registered Agent REGISTERED AGENT MUST SIGN							Date _	7/1/0		
9. Names	and Street Address	es of Each Officer and/	or Director (Florida nonpro	ofit corporations must	list at lea	st 3 directors)	•			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State /	Zip	.
Dung	Manuel Rocafort			14250 S.W. 136 S						
Pres	Manuel Ro	Carort	Unit	#2			Mia	mi, FL 3	3186	
	i									
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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 filling 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.										
SIGNAT	TURE:	REAND TYPED OR PRIN	TED NAME OF SIGNING OF	FICER OR DIRECTOR		3	/24/	02-305-25	2-7778	3_

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

Pohert A Kanzigei

RAK/sms

Enclosures