

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED

97 FEB 21 AM 11:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Head in front of camera when making this photo
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # M22824**

TAX FREE DISTRIBUTORS, INC.
2200 N.W. 93 Avenue
Miami, FL 33172

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida
11/01/85

5. FEI Number
59-2610592

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	MAYA, Moises	2200 N.W. 93 Avenue	Miami, FL 33172
			800002096858--4 -02/25/97--01083--033 ***1093.75 ***1093.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Moises Maya

9. If changed, new registered agent / office

Name

Moises Maya

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

2200 N.W. 93 Avenue

City

Miami,

State

FL.

Zip

33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Moises Maya

REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation 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
Officer or Director

Moises Maya

Date

Daytime Phone # (305) 594-3729

Typed or printed name of signing officer or director

Moises Maya

CR2040 (8-92)