

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 19 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 095000005394

1. Corporation Name

Select Independent Distributors of America, Inc.

2. Principal Office Address - No P.O. Box #

1751 Park Road

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip

33009

Country

USA

3. Mailing Office Address

1751 Park Road

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip

33009

Country

USA

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

11/14/1995

5. FEI Number
593458701

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

Scott Snowball

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

1751 Park Road

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/13/2008

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	Steve Field	185 Commercial St	Malden, MA 02148
VP	Frank Vacanti	285 Chandler Street	Buffalo, NY 14207
VP	Larry Schultz	100 Anchors Way	St Joseph, MI 49085
T	Scott Snowball	1751 Park Road	Hallandale, FL 33009
S	Robert Kersch	105-14 Astoria Blvd	East Elmhurst, NY 11369
			798120053897 03/19/08-01006-018 **481.25

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 contained in Chapter 119, 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

Scott Snowball

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2008

Date

561-449-1580

Daytime Phone #