

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 13 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004912

1. Corporation Name

All Interior Distributors, Inc.

REINSTATEMENT 02-03

800020818518
06/13/03--01031--005 **915.00

2. Principal Office Address

348 SW 185 Way

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL 33029

City & State

Zip

33029

Country

USA

Zip

Country

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

1/12/2000

5. FEI Number

65-0982682

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

Gabriel Carrasco

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

348 SW 185 Way

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

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

Gabriel Carrasco

REGISTERED AGENT MUST SIGN

Date 6/10/03

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/VP | Gabriel Carrasco | 348 SW 185 Way | Pembroke Pines, FL 33029 |
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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 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:

Gabriel Carrasco

Gabriel Carrasco, Pres

6/10/03 1-954-704-0870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2 6/13