

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000086214

1. Corporation Name

T. & A. DISTRIBUTOR, CORP.

Principal Place of Business

285 WEST 53RD TERRACE  
HIALEAH FL 33012

Mailing Address

285 WEST 53RD TERRACE  
HIALEAH FL 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/2000

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
PD	DIAZ, ALFREDO	285 WEST 53RD TERRACE	HIALEAH FL 33012
VD	GONZALEZ, TIRSO C	285 WEST 53RD TERRACE	HIALEAH FL 33012

500004713995--6  
-12/07/01--01027--019  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

DIAZ, ALFREDO  
285 WEST 53RD TERRACE  
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 *X* *Tirso C Gonzalez*  
REGISTERED AGENT MUST SIGN

Date 10-16-01

11. 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: *X* *Tirso C Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-16-01  
Daytime Phone #

CR2E040 (8/01)

October 16, 2002

Ref: T. & A. Distributor Corp.  
285 W. 3rd Terr.  
Tallahassee, Fla. 32302  
P00000086214

Director of Corporations  
Tallahassee, Fla.

Gentleman:

The reference of this letter is to inform to the Secretary of State, that I received today a document for application for Reinstatement of my Corporation, I was surprised when I called, and I was informed, that this Corporation was dissolved because payment of \$100.00 was not received timely, I feel very sorry for this inconvenience, because I never received a notice before, and I was not informed of this payment I had no knowledge of this and probably the Annual Report was undelivered, I beg to reinstate my Corporation for \$100.00 because I just started with this business, and my economy is very tied. I appreciate your attention to my petition

Sincerely,

X *Thomas P. Pong*