

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

DOCUMENT # P00000114835

1. Corporation Name

FLORIDA TROPICAL DISTRIBUTORS INTERNATIONAL, INC.

02 MAY -3 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

6180 BIG BEND ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 758

Suite, Apt. #, etc.

City & State

GIBSONTON, FL

Zip

33534

Country

USA

City & State

GIBSONTON, FL

Zip

33534

Country

USA

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

12/15/00

5. FEI Number

59-3696004

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

500005555985--5

-05/17/02--01004--001

****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name

BRUCE H. GORDON, ESQUIRE

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

101 EAST KENNEDY BOULEVARD

Suite, Apt. #, Etc.

SUITE 2800

City

TAMPA

State

FL

Zip Code

33602

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-05/17/02--01004--002

****150.00 ****150.00

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 BY:**

REGISTERED AGENT MUST SIGN

Date **APRIL 26, 2002**

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
D/P	V. ELWYN SEGREST	6180 BIG BEND ROAD	GIBSONTON, FL 33534
D/VP	HUGH D. MILLER	6180 BIG BEND ROAD	GIBSONTON, FL 33534
D/S/T	C. DONALD MILLER	6180 BIG BEND ROAD	GIBSONTON, FL 33534
D	AVERY QUINTIN SEGREST	6180 BIG BEND ROAD	GIBSONTON, FL 33534

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 2002 (813)677-4447

Date

Daytime Phone #

CR2E081 (8/00)

FLORIDA TROPICAL DISTRIBUTORS INTERNATIONAL, INC.

P.O. Box 758

Gibsonton, Florida 33534

May 1, 2002

Florida Secretary of State
Reinstatement Division
Tallahassee, Florida

Re: Florida Tropical Distributors International, Inc.

Dear Sir or Madam:

We hereby request that the Florida Secretary of State reinstate our corporation and waive the reinstatement fee because we never received the Uniform Business Report (UBR) through the mail.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink that reads "Bobby Sexton". The signature is written in a cursive, flowing style.

Bobby Sexton



ACCOUNT NO. : 072100000032

REFERENCE : 555763 9964A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : April 30, 2002

ORDER TIME : 11:32 AM

ORDER NO. : 555763-005

CUSTOMER NO: 9964A

CUSTOMER: Amy Recchio, Legal Assistant
Shumaker Loop & Kendrick
Bank Of America Plaza Ste 2800
101 East Kennedy Boulevard
Tampa, FL 33602

DOMESTIC FILINGS

NAME: FLORIDA TROPICAL
DISTRIBUTORS INTERNATIONAL,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea ext 1114
EXAMINER'S INITIALS _____

RECEIVED
02 MAY -3 PM 4:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Letter from client attached