PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT :	#
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P01000011916

1. Corporation Name

INTERNATIONAL IMPORT DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

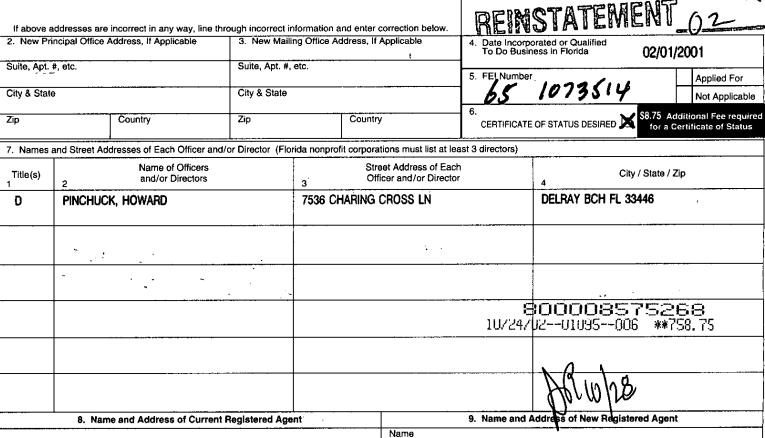
7536 CHARING CROSS LN DELRAY BCH FL 33446

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FILED

02 OCT 24 AM 9: LA

SECKETARY OF STATE TALLAHASSEE, FLORIDA



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. or 617.0505, F.S.

Registered Agent

PINCHUCK, HOWARD

7536 CHARING CROSS LN **DELRAY BCH FL 33446**

REGISTERED AGENT MUST SIGN

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. 945.566-2010

Suite, Apt. #, Etc.

City

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

State Zip Code