

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -2 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021868

1. Corporation Name

INTERNATIONAL JEAN DISTRIBUTORS, INC.

8306 MILLS DRIVE

2. Principal Office Address

8306 MILLS DRIVE

Suite, Apt. #, etc.

SUITE 683

City & State

MIAMI FL

Zip

33183

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-04

**4. Date Incorporated or Qualified
To Do Business in Florida 03/01/2001**

5. FEI Number

65-1080531

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

PREMIUM TAX SERVICE

Street Address (P.O. Box Number is Not Acceptable)
13205 SW 137TH AVE.

Suite, Apt. #, Etc.

SUITE 203

City

MIAMI

State

FL

Zip Code

33186

600039656666
07/28/04-01055-008 **1050.00

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

Milton L. Perez

REGISTERED AGENT MUST SIGN

Date 7/26/04

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/D/S	NAVORA BUELVAS	9285 SW 125TH AVE APT. 207	MIAMI FL 33186

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:

Navora Buelvas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/26/04 (305) 798 8315
Daytime Phone #