

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 23 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000040908**

1. Corporation Name  
**R & A Distributor & Exporter, Inc.**  
**3723 SW 156 COURT**  
**Miami, FL 33185**

2. Principal Office Address  
**3723 SW 156 COURT**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33185**

Country

**DADE**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Same.**

Zip

**Same.**

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-1097321**

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

**Belinda Valdes**

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

**3723 SW 156 COURT**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33185**

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

*[Signature]*

Date

**3-13-04**

REGISTERED AGENT MUST SIGN

**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
Prt	Belinda Valdes	3723 SW 156 COURT Miami, FL 33185	Miami, FL 33185
Tresury			

**600030943196**  
**03/23/04--01095--027 \*\*300.00**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-13-04 (305)480-1879**

Date

Daytime Phone #

CR2E081 (01/04)

February 19, 2004


FLORIDA DEPARTMENT OF STATE  
CORPORATION DIVISION  
TALLAHASSEE ,FLORIDA

RE: P01000040908

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The reason of my letter is because the last year we move from 8660 NW 6 LN Apt#211 Miami Florida, and then I don't received my annual report payment, for this reason I don't pay the annual fee so please understand my problem and try to help me as much you can and accept my one hundred fifty \$150.00 annul payment and I promise you that it will never happen again so please change the mailing address to this one : 3723 SW 156Court Miami, Florida 33185.  
The Corporation name is: R & A DISTRIBUTOR & EXPORTER, INC.

Sincerely

  
\_\_\_\_\_  
Belinda Valdes(director officer)

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