

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P01000041820

1. Entity Name
A-1 A.M. DISTRIBUTORS, INC.



FILED

06 JAN 23 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 05-06



01152006 E. Peterson JACKSON (11/05)

Principal Place of Business
3901 WEST 18TH AVENUE
901A
HIALEAH, FL 33012

Mailing Address
C/O J. MARONA
7162 PEMBROKE RD
MIRAMAR, FL 33023

2. Principal Place of Business

3. Mailing Address

3901 W. 18th Avenue

Suite, Apt. #, etc.

901A

Suite, Apt. #, etc.

901A

City & State

City & State

Hialeah, FL 33012

Zip

Country

Zip

33012

Country

USA

4. FEI Number
65-1098739

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, ANDRES
3901 WEST 18TH AVENUE, 901A
HIALEAH, FL 33012

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTINEZ, ANDRES
3901 WEST 18TH AVENUE 901
HIALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300065565493
02/10/06--01019--006 **\$300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/06 (305) 558-9444