

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL  
AND  
FILE

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 FEB 20 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048496

**1. Corporation Name**

JIRON DISTRIBUTOR, INC

800067378398

03/08/06--01008--012 \*\*1050.00

**REINSTATEMENT**

02-06

**2. Principal Office Address**

12901 Alexandria Drive

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA Locka, FL

City & State

Zip

33054

Country

DADE

Zip

Country

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

05/15/2001

**5. FEI Number**

65-1108979

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

Luis A. Collado

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

12901 ALEXANDRIA DRIVE

Suite, Apt. #, Etc.

City

OPA Locka

State

FL

Zip Code

33054

**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

1/30/2006

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
PSTD	Luis A. Collado	12901 ALEXANDRIA DRIVE	OPA Locka, FL 33054

**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 contained in Chapter 119, 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]*

Luis A. Collado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2006

Date

Daytime Phone #

(305) 681-8188

K. Eckel FEB 20 2006

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JIRON DISTRIBUTOR, INC  
12901 ALEXANDRIA DRIVE  
OPA LOCKA, FL 33054  
PHONE (305) 681-8188  
FAX (305) 443-2511

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporation, I am attaching a check, in the amount of \$750.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years, 2002, 2003, 2004, 2005, 2006 or any other notice from the Division of Corporations in respect with the Corporation JIRON DISTRIBUTOR, INC.

Thank you for your courtesy in this matter.



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LUIS A COLLADO