

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 28 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000070279

1. Corporation Name

TILA- FLA DISTRIBUTORS, INC.
5665 WEST 20 AVENUE, UNIT 203.
HALEAH, FLA. 33012.

W6600041744

2. Principal Office Address - No P.O. Box #

5665 WEST 20 AVENUE

Suite, Apt. #, etc.

UNIT. 203

City & State

HALEAH, FLA.

Zip

33012

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/2001

5. FEI Number

651122382

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

IVAN MUÑOZ

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

5665 WEST 20 AVENUE

Suite, Apt. #, Etc.

UNIT 203

City

HALEAH

State

FL

Zip Code

33012

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ivan Muñoz

REGISTERED AGENT MUST SIGN

Date 08-21-07

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
<u>Pres/D.</u>	<u>IVAN MUÑOZ</u>	<u>5665 WEST 20 AVE, #203</u>	<u>HALEAH, FLA. 33012</u>
			<u>500109203335</u>
			<u>09/07/07--01032--001 **600.00</u>
			<u>500109203335</u>
			<u>09/07/07--01032--002 **150.00</u>

REINSTATEMENT

08-07

RH

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:

Ivan Muñoz

IVAN MUÑOZ - Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-21-07

Date

(351) 488-7130

Daytime Phone #