

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000118881**

1. Corporation Name

**SELECT PRODUCT DISTRIBUTION, INC.**

Principal Place of Business

3165 S. ALMA SCHOOL ROAD  
SUITE 29-203  
CHANDLER AZ 85248

Mailing Address

3165 S. ALMA SCHOOL ROAD  
SUITE 29-203  
CHANDLER AZ 85248

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/2001

5. FEI Number

22-3850917

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FINETE, OLGA L	3501 W VINE ST STE 506	KISSIMMEE FL 34741

100024568031  
11/10/03 01085 002 \*\*158.75

8. Name and Address of Current Registered Agent

FINETE, OLGA L  
3501 W. VINE ST., STE. 506  
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name

Brian M. Mark

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

104 Church Street

Suite, Apt. #, Etc.

Kissimmee, FL 34741

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

Nov 6, 2003

11. 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]* OLGA FINETE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/03

Date

480 361/1537

Daytime Phone #

CR2E040 (7/03)