

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000022946

1. Corporation Name

Tavarez Distributors, Inc.

2. Principal Office Address

1724 Sawgrass Cir
Suite, Apt. #, etc.

3. Mailing Office Address

1724 Sawgrass Cir.
Suite, Apt. #, etc.

City & State

Greenacres, FL

Zip Country

33413 USA

City & State

Greenacres, FL

Zip Country

33413 USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2002

5. FEI Number

04-3638720

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

Alberto Tavarez

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

3631 SW 41 Ave.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023

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

Alberto Tavarez

REGISTERED AGENT MUST SIGN

Date 10/8/2003

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
D	Alberto Tavarez	3631 SW 41 Ave	Hollywood, FL 33023

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)(f), 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:

Alberto Tavarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto Tavarez

Date

10/8/03

Daytime Phone #

(561)
502-9180

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