

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:34

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03/12/04--01065--013 \*\*300.00

REINSTATEMENT 03-09

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000031478

1. Corporation Name  
E S Distribution, Corporation

2. Principal Office Address  
3485 Torremolinos Avenue

3. Mailing Office Address  
3485 Torremolinos Avenue

Suite, Apt. #, etc.

City & State  
Miami, FL

Zip Country  
33178 USA

4. Date Incorporated or Qualified To Do Business in Florida  
03/21/2002

5. FEI Number  
27-0005638

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  
Eloy de Armas

Street Address (P.O. Box Number is Not Acceptable)  
3485 Torremolinos Avenue

Suite, Apt. #, Etc.

City State Zip Code  
Miami FL 33178

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  
*Eloy de Armas*

Date  
01/13/04

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
PD	Eloy de Armas	3485 Torremolinos Avenue	Miami, FL 33178

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)(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: *Eloy de Armas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/04 305-724-8300

Date Daytime Phone #

CR2E081 (10/02)

February 21, 2004

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of E S Distribution, Corporation (Doc #: P02000031478)

To Whom It May Concern:

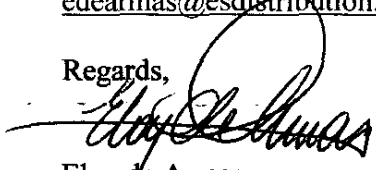
I am the President and Registered Agent of E S Distribution, Corp. (Doc #: P02000031478), and am writing to inform your department that the 2003 Annual Report notification was never received, and subsequent to not filing the corporation was dissolved for not filing the Annual Report. Only when trying to file the 2004 Annual Report was the brought to light.

I am enclosing a Corporation Reinstatement form, along with a check in the amount of \$300.00 as advised by your department.

Also will I be able to complete the 2004 Annual Report online once this is resolved?

Please advise if any further information needs to be provided, I can be contacted at [edearmas@esdistribution.com](mailto:edearmas@esdistribution.com) or 305-724-8300.

Regards,



Eloy de Armas  
President  
E S Distribution, Corp.