

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000048380

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

**Entity Name:** MARANKAR DISTRIBUTORS, INC.

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

3040 NW 72 AVE  
MIAMI, FL 33122

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES, FL 33134

**New Mailing Address:**

3040 NW 72 AVE  
MIAMI, FL 33122

**FEI Number:** 77-0591229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAPPORT, STEPHEN R  
201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

MELENDEZ, MARIO F  
4871 NW 107 CT  
DORAL, FL 33178 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIO

02/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MELENDEZ, MARIO F  
Address: 201 ALHAMBRA CIRCLE SUITE 711  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MELENDEZ, MARIO F  
Address: 4871 NW 107 CT  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO

PD

02/13/2009

Electronic Signature of Signing Officer or Director

Date