

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 19182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 19 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400039537894
07/26/04--01070--018 **308.75

DOCUMENT # P02000074368

1. Corporation Name

S.L. IMPORT & DISTRIBUTION INC.

2. Principal Office Address

PO Box 85134

Suite, Apt. #, etc.

City & State

HALLANDALE FL

Zip

33008

Country

3. Mailing Office Address

PO Box 85134

Suite, Apt. #, etc.

City & State

HALLANDALE FL.

Zip

33008

Country

REINSTATEMENT 03-24

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2002

5. FEI Number

22-3861947

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$1.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE LOMBARDI

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

1000 NE 12TH AVE

Suite, Apt. #, Etc.

505

City

HALLANDALE

State

FL

Zip Code

33009

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

07/16/04

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	LOMBARDI, JOSE	PO Box 85134	HALLANDALE FL 33008
VD	LOMBARDI, MARINA	PO Box 85134	HALLANDALE FL 33008
SD	ZIRARDINI ELSA	PO Box 85134	HALLANDALE FL 33008

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/16/04

Date

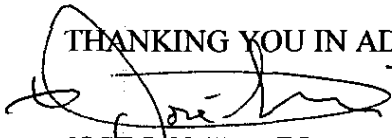
Daytime Phone #

ps 282

FLORIDA DEPT. OF STATE
ANNUAL REPORT DEPT.
REF:P02000074368

AS PER OUR CONVERSATION I'M SENDING 308.75 FOR MY 2003, 2004
ANNUAL REPORT, SINCE I NEVER RECEIVED THE REPORT. I HAD NOTIFY
YOUR OFFICE OF MY ADDRESS CHANGE AND IT SEEMS THAT IT WAS
NEVER CHANGED. I THANK YOU IN ADVANCE FOR THE WAIVE OF THE
LATE FEE.

THANKING YOU IN ADVANCE,

A handwritten signature in black ink, appearing to read "Jose Lombardi", written over a horizontal line.

JOSE LOMBARDI
VICE PRESIDENT