Š	REINSTA	TEMENT	ION		FILE	n	
DOCUMENT # P02000109693 1. Entity Name CELFAST DISTRIBUTORS CORP.				TA TA	05 JAN 21 PH	5: 16	
Principal Place of Business 5584 NW 114TH AVENUE #103 MIAMI, FL 33178		Mailing Address 5584 NW 114TH AVENUE #103 MIAMI, FL 33178		 	, apila kish sakk apili selet haki	BBIID IBIID BIIID IBIBR IIX	II II II 14 II i
2. Principal Place of Business . 3324 Toeke md inas Avenue Suite, Apt. #, etc.		3. Mailing Address 3324 Toeeemolines Avenue Suite, Apt. #, etc.		JE RFM84	AREMEN		 0
City & State Minny, Froeida		City & State MIAMI, FLORIDA		4. FEI Numb 27-003			plied For Applicable
Zip 3 31フ		Zip 33178 _	Country A		of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent Output Outpu					I Address of New Regist	tered Agent	
GUEVARA, FERNANDO A 5584 NW 114TH AVENUE #103 MIAMI, FL 33178				Street Address (P.O. Box Number is Not Acceptable) 3324 IOCCEMOLINOS AVENUE			
				liami		FL Zip Code	50
8. 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. I am familiar with, and accept the obligations of negistered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!II FEE IS \$300.00					In accordance with s corporation did not r		
10.	OFFICERS AND D		11.		CHANGES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUEVARA, FERNANDO A 5584 NW 114TH AVENUE #103 MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FEENANDO G 3324 TOCKE OF MIAMI, FZ	ndinos Avenue	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GUEVARA, CLAUDIA C 5584 NW 114TH AVENÜE #103 MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Claudia C. Go 3524 Torrer MIAMI. TE	ndina Avenu	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Triali, TC		☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE:							
SIGNAL	ONE: STATEMENT AND TYPED OR PR	RINTED NAME OF SIGNING OFFICER OF	A DIRECTOR		Oate	Daytime Phone #	

CELFAST DISTRIBUTORS CORP. 3324 TORREMOLINOS AVENUE MIAMI, FLORIDA 33178

Doc. #P02000109693

January 18, 2005

Uniform Business Report Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation for the year 2004. I've called several times requesting it, and every time the response was, we will send you as soon as possible. Today when I called someone at your office finally told me that I could download this form from the internet. She also told me that I need it to write a letter explaining what had happen, so your office could review my case and attached a \$150.00 check with the Reinstatement and I'm adding another \$150.00 for the annual report for this year. So in total I'm sending a check for \$300.00. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Very Truly Yours

Claudia Guevara Vice-President