

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115195

1. Corporation Name

MAX DISTRIBUTORS, INC.

Principal Place of Business

7950 N.W. 181ST STREET
HIALEAH FL 33015

Mailing Address

7950 N.W. 181ST STREET
HIALEAH FL 33015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BONET, YURI M	7950 N.W. 181ST STREET	HIALEAH FL 33015
STD	BONET, VIVIAN	7950 N.W. 181ST STREET	HIALEAH FL 33015

200023862982
10/16/03--01085--014 **150.00

8. Name and Address of Current Registered Agent

BONET, VIVIAN
7950 N.W. 181ST STREET
HIALEAH FL 33015

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03 (707) 351892
Date Daytime Phone #

CR2E040 (7/03)

October 13, 2003

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

RE: Document # P02000115195

To Whom It May Concern:

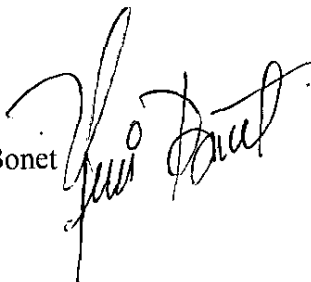
This is a very small corporation chartered on October 25, 2002; we never received the first document apparently lost in the mail or delivery to someone else.

This one was received on Saturday October 11 in our mail box. We kindly request to waive the penalty, and accept our check for \$150.00

We are very sorry for the inconvenience, and we will speak with our postmaster to try to eliminate this situation in the future.

Sincerely,

Yuri M Bonet

A handwritten signature in black ink, appearing to read 'Yuri M Bonet', is written over the printed name.