

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 13 PM 3:50

REINSTATEMENT 04

DOCUMENT # P02000121391

1. Corporation Name

M & S DISTRIBUTOR INCORPORATION OF MIAMI FLORIDA

1051 NW 140 TERRACE

2. Principal Office Address

1051 NW 140 TERRACE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33168

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
06-1654647

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

JOSEPH, MARC S

Street Address (P.O. Box Number is Not Acceptable)
1051 NW 140 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33168

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

REGISTERED AGENT MUST SIGN

Date 12-07-04

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
P	MARC S. JOSEPH	560 NW 131 ST.	MIAMI, FL 33168

500043330485
12/10/04--01035--003 **150.00

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

MARC S. JOSEPH

Date

12-07-04

Daytime Phone #

CR2E081 (01/04)

M 4 > as tribute ^{me} 12-15-04 ^{MR}
to florida department of state

to Whom it may concern
I regret that I did not receive the 2004
post card because of an error made by
the state.

sincerely MARK JOSEPH



Att. to ELIA peterson

