

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 12 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000019392**

1. Corporation Name

ATLANTIC COAST DISTRIBUTOR, INC.

2. Principal Office Address

4830 SW 87 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 33-0843

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

COCONUT GROVE, FL.

Zip

33165

Country

USA

Zip

33233

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

2/18/2003

5. FEI Number

650347410

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

OSCAR PICON

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

4830 SW 87 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

Oscar Picon

Date

1/9/2005

REGISTERED AGENT MUST SIGN

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	OSCAR PICON	4830 SW 87 AVE.	MIAMI, FL. 33165
V	PAULA PICON	4830 SW 87 AVE	MIAMI, FL. 33165

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 contained in Chapter 119, 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:

Oscar Picon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/2005

Daytime Phone #