

2005 FOR PROFIT CORPORATION REINSTATEMENT

Roberts MAY 06 2005

DOCUMENT # P03000032601 1. Entity Name INTERNATIONAL COFFEE & TEA DISTRIBUTORS, INC.			
Principal Place of Business 16071 VILLA VIZCAYA DELRAY BEACH, FL 33446		Mailing Address 16071 VILLA VIZCAYA DELRAY BEACH, FL 33446	
2. Principal Place of Business 16427 Brookfield Estates Way Suite, Apt. #, etc.		3. Mailing Address 16427 Brookfield Estates Way Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State Delray Beach FL	
Zip 33446	Country U.S.	Zip 33446	Country U.S.
4. FEI Number 20-2548993		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLUB, SHELDON 16427 BROOKFIELD ESTATES WAY DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and use if applicable.</small>		DATE 4/22/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/22/05 <small>Date Daytime Phone #</small>	

FILED
 05 MAY -2 AM 11:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 04-25

