

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000100914

1. Entity Name
A & R DISTRIBUTORS, INC.



Principal Place of Business
**14097 SW 149 PLACE
MIAMI, FL 33196**

Mailing Address
**14097 SW 149 PLACE
MIAMI, FL 33196**

REINSTATEMENT



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11092004

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZELAYA, RICK
14097 SW 149 PLACE
MIAMI, FL 33196**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **ZELAYA, RICK**
STREET ADDRESS **14097 SW 149 PLACE**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4/28/04 90182 011 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
PS 82
04 NOV 10 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B 272

A & R DISTRIBUTORS, INC.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT ON APRIL 24, 2004 I SUBMITTED THE ANNUAL REPORT
PAYMENT ALONG WITH THE PAYMENT AND THAT I NEVER RECEIVED A
REJECTED LETTER FROM YOUR OFFICE.

AS PER YOUR INSTRUCTIONS, I AM ENCLOSING MY COMPLETE ANNUAL
REPORT FORM ALONG WITH THE COPY OF THE CHECK ALREADY CASHED, IN
ORDER TO PUT MY COMPANY IN THE NORMAL STATUS. I APPRECIATE ALL
YOUR HELP IN THIS MATTER.

THANK YOU FOR YOUR TIME AND CONSIDERATION AND IF YOU HAVE ANY
FURTHER QUESTION, PLEASE DO NOT HESITATE TO CONTACT ME.

CORDIALLY,


RICK ZELAYA
PRESIDENT

RECEIVED
04 NOV 10 AM 10:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA