

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -5 AM 8 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03 000 115024 AD

1. Corporation Name

TOTAL ASSOCIATED DISTRIBUTORS,
INC.

2. Principal Office Address

8360 WEST FLAGLER

3. Mailing Office Address

8360 W. FLAGLER

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

-- SUITE 200--

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

USA

Zip

33144

Country

USA

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

10/13/03

5. FEI Number

90-0211781

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

VICTOR HUGO MESA

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

4779 COLLINS AVE

Suite, Apt. #, Etc.

APT 3102

City

MIAMI BEACH

State

FL

Zip Code

33140

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

Victor Hugo Mesa

Date 12/29/04

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
D	MESA, VICTOR HUGO	4779 COLLINS AVE # 3102	MIAMI BEACH, FL 33140

700045480567
01/27/05--01014--003 **150.00

NOTARY ATTESTATION *OK*

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:

Victor Hugo Mesa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/04

Date

Daytime Phone #

(305) 554-7229

CR2E081 (01/04)