

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 31 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P04000043605**

1. Corporation Name

DI JOHN DISTRIBUTOR, CORP

2. Principal Office Address

1605 N. State Rd 7

Suite, Apt. #, etc.

B

City & State

Margate, FL

Zip

33063

Country

USA

3. Mailing Office Address

1605 N. State Rd 7

Suite, Apt. #, etc.

B

City & State

Margate, FL

Zip

33063

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/04

5. FEI Number

20-0842516

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

John Giraldo

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

6970 NW 28th street

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33063

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

John Giraldo

Date

10-26-06

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
Pres.	John Giraldo	6970 NW 28th St	Margate, FL 33063
VP	Diego Giraldo	6713 NW 71 Court	Tamara, FL 33321

REINSTATEMENT

0506

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-06

Daytime Phone #

954 726-8488

2gr

October 2, 2006

Att: Department of State
Division of Corporations

Reference: John Giraldo – Document # P04000043605

The present letter is to inform you that I did not receive the annual report notices in 2005; therefore the reinstatement fee should be waived. Thank you for your assistance in this matter.

Sincerely,


John Giraldo