

PAGE 10/12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2007 FEB -5 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200088285172
02/14/07--01010--003 **458.75

05/09/05 90295 US0 150.00
CR2E081 (1/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P04000053595

1. Corporation Name

R A SUPPLY DISTRIBUTOR CORP

2. Principal Office Address - No P.O. Box #

4480 NW 73RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

33166

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03-25-04

5. FEI Number

20-0950856

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

REMBERTO E. ALVAREZ

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

1840 SW 86th AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

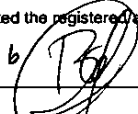
Zip Code

33155

[] The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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



REGISTERED AGENT MUST SIGN

Date

01/29/07

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/D	REMBERTO E. ALVAREZ	1840 SW 86th AVE	MIAMI FL 33155

REINSTATEMENT

04-07

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

Daytime Phone #

01/29/07 (786) 251-2586

Page 2 of 2

Miami, January 29, 2007

*Florida Department of State
Secretary of State
Division of Corporations*

*Ref: R A Supply Distributor Corp
P04000053595*

To Whom It May Concern:

*This letter is to let you know that I never received the annual
report notices concerning the dissolution of the above corporation.*

Truly yours,

Remberio E. Alvarez