

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN -3 PM 4:42

DOCUMENT # P04000135657



1. Entity Name
MDS DISTRIBUTORS OF MIAMI CORP.

Principal Place of Business
1320 SOUTH DIXIE HIGHWAY
SUITE 870
CORAL GABLES, FL 33146

Mailing Address
1320 SOUTH DIXIE HIGHWAY
SUITE 870
CORAL GABLES, FL 33146



2. Principal Place of Business
16421 N.W. 48th Ave.

3. Mailing Address
16421 N.W. 48th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12222005 REIN-P CR2E098 (6/04)

City & State Hialeah

City & State Hialeah

4. FEI Number

Applied For

☒ Not Applicable

Zip 33014

Country USA

Zip 33014

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAY, MARK W
1320 SOUTH DIXIE HIGHWAY
SUITE 870
CORAL GABLES, FL 33146

Name
David A. Gast

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

2800 S.W. 3rd Ave.

City Miami

FL

Zip Code 33129

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, 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, 2006, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Pata, Larry, Director ☐ Change ☒ Addition
16201 N.W. 48th Ave.
Hialeah, FL. 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jhin, Eddie, Director ☐ Change ☒ Addition
4652 River Court
Duluth, GA. 30155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jhin, Tae H., Director ☐ Change ☒ Addition
One Dunsinane Ln.
Bannockburn, IL. 60015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jhin, Ann S., Director ☐ Change ☒ Addition
One Dunsinane Ln.
Bannockburn, IL. 60015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
100062684931
01/04/06--01062--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

12/27/05 786-248-3200