

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000147415

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: D.A.M. INTERNATIONAL DISTRIBUTOR, CORP.

## Current Principal Place of Business:

3235 NW 62ND STREET  
MIAMI, FL 33147

## New Principal Place of Business:

5400 NW 37 AVE  
MIAMI, FL 33142

## Current Mailing Address:

3235 NW 62ND STREET  
MIAMI, FL 33147

## New Mailing Address:

5400 NW 37 AVE  
MIAMI, FL 33142

FEI Number: 20-1814085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RIVAS, MAYRA E  
3235 NW 62ND STREET  
MIAMI, FL 33147 US

## Name and Address of New Registered Agent:

RIVAS, MAYRA E  
5400 NW 37 AVE  
MIAMI, FL 33142 US

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.

SIGNATURE: MAYRA

03/26/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RIVAS, MAYRA  
Address: 3235 NW 62ND STREET  
City-St-Zip: MIAMI, FL 33147

Title: V ( ) Delete  
Name: NAVARRO, DAVID ACEVEDO  
Address: 3235 NW 62ND STREET  
City-St-Zip: MIAMI, FL 33147

Title: T (X) Delete  
Name: COHEN, ALICIA T  
Address: 3235 NW 62ND STREET  
City-St-Zip: MIAMI, FL 33147

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RIVAS, MAYRA  
Address: 5400 NW 37 AVE  
City-St-Zip: MIAMI, FL 33142

Title: V (X) Change ( ) Addition  
Name: ACEVEDO, DAVID A  
Address: 5400 NW 37 AVE  
City-St-Zip: MIAMI, FL 33142

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID

VP

03/26/2008

Electronic Signature of Signing Officer or Director

Date