2007 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

DOCUMENT # P04000172955 2007 NOV 15 PM 12: 03 CEDAR INTERNATIONAL DISTRIBUTORS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2303 NW 7 STREET 1901 NW SOUTH RIVER DRIVE APT # 61 SUITE MIAMI, FL 33125 MIAMI, FL 33125 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. REIN-P CR2E098 (1/07) 11142007 Applied For City & State 4. FEI Number City & State 20-2090548 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BETTY BLANCO PA** Street Address (P.O. Box Number is Not Acceptable) 2103 CORAL WAY SUITE 306 MIAMI, FL 33145 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 e of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change ☐ Addition CAMPORRO, CARLOS G NAME NAME STREET ADDRESS 1901 NW SOUTH RIVER DRIVE APT, #61 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33125 TITLE DΛ TITLE ☐ Change ☐ Delete CAMPORRO, VALEIRA F NAME 800112462558 STREET ADDRESS 1901 NW SOUTH RIVER DRIVE APT. #61 STREET ADDRESS 11/20/07--01042--008 CITY-ST-ZIP MIAMI, FL 33125 CHY-S1-ZIP **150.00 TITLE DT ☐ Delete TITLE ■ Addition DELUTAULT, JUAN M NAME NAME STREET ADDRESS 1901 NW SOUTH RIVER DRIVE APT. #61 STREET ADDRESS CHY-\$1-ZIP MIAMI, FL 33125 CHY-S1-ZIP ☐ Addition THE ☐ Delete BBE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP HILE ☐ Delete HILE Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition 4 (1) 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 any order state of the component of the c

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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DIVISION OF COMPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

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