PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 MAR 11 PM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/11/13--01003--008 **1300.00

CR2E091 (11/10)

DOCUMENT # P05000020970

1. Corporation Name

JH DISTRIBUTORS INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8950 SW 74 CT	8950 SW 74 CT
Suite, Apt. #, etc.: 1605	Suite, Apt. #, etc.: 1605
City & State: MIAMI	City & State: MIAMI
Zip: FL / Country: 33156	Zip: FL / Country: 33156

4. Date Incorporated or Qualified To Do Business in Florida: 02/09/2005

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $2.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MAURICIO ESCOBAR

Street Address (P.O. Box Number is Not Acceptable): 8950 SW 74 CT STE 1605

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33156

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 _____ Date _____

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
PD	MAURICIO ESCOBAR	8950 SW 74 CT STE 1605	MIAMI, FL 33156

10. E-mail Address: _____

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 03/09/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Williams MAR 14 2013