## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DORAL FL  Zip Country Zip Country  33166-7731 USA 33166-7731 U.S.A  T. Name and Address of Current Registered Agent  Name LUIS FLORES  Street Address (P.O. Box Number is Not Acceptable) 600 NW 32 STREET  Sith And # 5 for	CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations				FILED 08 JUN 18 AM 8: 42				
### PLORES DISTRIBUTOR, INC.  ### Principal Office Address - No P.O. Box #									SECRETARY OF STATE TALLAHASSEE, FLORIDA			
8343 LAKE DR  8343 LAKE DR  Suths, Apt. 8, etc.  Suths, Apt. 8, etc.  SUTE # K-505  SUTE # Country  33166-7731  USA  33166-7731  USA  33166-7731  USA  33166-7731  VISA  The reinstatement fee is imposed, exo circumstances which the entity did not re the prior notices. By checking this boo on are certifying the prior notices were received and requesting the reinstate fee be waived.  Sutto, Apt. 8, Etc.  City  MIAMI FL  8. I. being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of accion 607.605 or 617.003, F.S.  Signifiance of Registered Agent MUST SIGN  REGISTERED ASENT MUST SIGN  Titles  Officers and/or Directors  City / State / Zip  City / State / Zip  PRES  BLADIMIR FLOREZ  8343 LAKE DR # K-505  DORAL FL 33166-7731  10. Losettly the I am an officer or director or the receiver or trustee empowered to accept the applications as provided for in chapter 607 or 617, F.S. I further certify that when this representation or operation, he repair ments of inchidates its composition name seatifies the requirement of occion 607.001 or 617, 617, E.S. I further certify that when this representation or operation to the machine or operation to accept the objection on or 617, F.S. I further certify that when this representation or operation on the machine or operation on the machine or operation on the intermediate in the corporation name seatifies the requirement of occion 607.001 or 617, 617, 610, F.S. I fast intermediate.  10. Losettly the I am an officer or director or the receiver or trustee empowered to acceptance or acceptance or operation has been administed, the corporation name seatifies the requirement of colorion for operation has been paid and the name of inchidates its class of the state of the composition of the operat	FLORES DISTRIBUTOR, INC.								17,000			
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To be Business in Florida 02/07/2006  City 4 State DORAL FL  DORAL FL  DORAL FL  DORAL FL  To be Business in Florida 02/07/2006  S. FEI Mumber  T. Name and Address of Current Registered Agent  Name  LUIS FLORES  Street Address (P.O. Box Number is Not Acceptable)  600 NW 32 STREET  Surfa, Apl. #, Etc.  DOWN J. State D. Box Number is Not Acceptable)  600 NW 32 STREET  Surfa, Apl. #, Etc.  DOWN J. State D. Box Number is Not Acceptable)  600 NW 32 STREET  Surfa, Apl. #, Etc.  DOWN J. State D. Box Number is Not Acceptable)  600 NW 32 STREET  Surfa, Apl. #, Etc.  DOWN J. State D. Box Number is Not Acceptable)  600 NW 32 STREET  Surfa, Apl. #, Etc.  DOWN J. State D. Box Number is Not Acceptable)  600 NW 32 STREET  Surfa, Apl. #, Etc.  DOWN J. State D. Box Number is Not Acceptable)  600 NW 32 STREET  Surfa, Apl. #, Etc.  DOWN J. State D. Box Number is Not Acceptable)  FL 33125  DOWN J. State D. Box Number is Not Acceptable)  FREGISTERED AGENT MUST SKIN  B. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tibles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tibles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  DORAL FL 33166-7731  10. Lordity that I am an officer or director or the receiver or trustee empowered to except this application as provided for in chapter 607 or 617, F.S. I flutther certify that whe this representement application, the reason for dissolution has been eliminated, the corporate names acting 607, 640, F.S. That the certify that whe this representement application, the reason for dissolution has been eliminated, the corporation names of contained in Chapter 11/6, F.S. This tributemation is owned by the corporation Name been paid and the names of individuals its of the this member of the profit or entire the surface and the profit of the profit or the profit of the profit or the profit									orated or Qualifi	ied		
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