

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 18 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000017511

1. Corporation Name

FLORES DISTRIBUTOR, INC.

REINSTATEMENT 07-08

2. Principal Office Address - No P.O. Box #

8343 LAKE DR

Suite, Apt. #, etc.

SUITE # K-505

City & State

DORAL FL

Zip

33166-7731

Country

USA

3. Mailing Office Address

8343 LAKE DR

Suite, Apt. #, etc.

SUITE # K-505

City & State

DORAL FL

Zip

33166-7731

Country

U.S.A

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2006

5. FEJ Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS FLORES

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

600 NW 32 STREET

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33125

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 5/01/2008

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
PRES	BLADIMIR FLOREZ	8343 LAKE DR # K-505	DORAL FL 33166-7731

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06/18/08--01034--006 **308.75

10. I certify that I am an officer or director or 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/2008

Date

Daytime Phone #

JC 6/19