

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 AUG 17 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000159650980  
08/17/09--01071--008 \*\*450.00

**REINSTATEMENT 07-09**

DOCUMENT # P06000098427

1. Corporation Name

SABU DISTRIBUTORS INC.

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

15421 SW 288TH STREET

3. Mailing Office Address

15421 SW 288TH STREET

Suite, Apt. #, etc.

12

Suite, Apt. #, etc.

12

City & State

HOMESTEAD, FL

City & State

HOMESTEAD, FL

Zip

33033

Country

US

Zip

33033

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/06

5. FEI Number  
11-3787070

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
ZAMAN KHAN

Street Address (P.O. Box Number is Not Acceptable)  
15421 SW 288TH STREET

Suite, Apt. #, Etc.  
12

City  
HOMESTEAD

State  
FL

Zip Code  
33033

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

*Zaman Khan*

Date 07/24/09

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
D	ZAMAN KHAN	15421 SW 288TH STREET # 12	HOMESTEAD, FL 33033

*208/19*

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:

*Zaman Khan*

ZAMAN KHAN

07/24/09

305-949-3873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #