-PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 13 AM 9:40

700182093807
06/15/10--01019--007 **300.00

KS

DOCUMENT # P07000104130

1. Corporation Name
NAVARRO Distribution Corporation

REINSTATEMENT 09-10
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16073 SW 54 Terr	16073 SW 54 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl.	City & State: Miami Fl.
Zip: 33185 Country: US	Zip: 33185 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 09/18/2007

5. FEI Number: 26-1085683 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: BAYARDO NAVARRO

Street Address (P.O. Box Number is Not Acceptable): 16073 SW 54 Terr

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33185

PROFIT CORPORATIONS ONLY

☒ The $600.00 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.

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07/13/10--01017--004 **600.00

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
P/T	NAVARRO BAYARDO	16073 SW 54 Terr	Miami fl 33185
VP/S	NAVARRO MARIA J	16073 SW 54 Terr	Miami fl 33185

10. E-mail Address: EMS6854@aol.com
(To be used for future annual report notification)

11. 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. 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.

SIGNATURE: _____ 05/30/2010 (305) 266 1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #