2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000115648

1. Entity Name
MIRABAL DISTRIBUTORS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 DEC 15 AM 10:57

Principal Place of Business	Mailing Address
8801 FOUNTAINBLEAU BLVD UNIT 213 MIAMI, FL 33172	8801 FOUNTAINBLEAU BLVD UNIT 213 MIAMI, FL 33172

12092008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIRABAL, ALBERTO
8801 FOUNTAINBLEAU BLVD
UNIT 213
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MIRABAL, ALBERTO 8801 FOUNTAINBLEAU BLVD UNIT 213 MIAMI, FL 33172	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIRABAL ALBERTO 1149 W. 40 PLACE HIALEAH FL. 33012	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MIRABAL, ALBERTO 8801 FOUNTAINBLEAU BLVD UNIT 213 MIAMI, FL 33172	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIRABAL ALBERTO 1149 W. 40 PLACE HIALEAH FL. 33012	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA MIRABAL, ALBERTO 8801 FOUNTAINBLEAU BLVD UNIT 213 MIAMI, FL 33172	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIRABAL ALBERTO 1149 W. 40 PLACE HIALEAH FL. 33012	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECR MIRABAL, ALBERTO 8801 FOUNTAINBLEAU BLVD UNIT 213 MIAMI, FL 33172	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIRABAL ALBERTO 1149 W. 40 PLACE HIALEAH FL. 33012	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300139026293 12/15/08--01064--012 **150.00	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12-09-08 (305) 542-4043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #