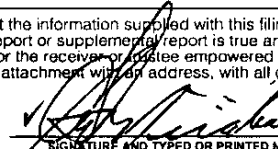


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 15 AM 10:57

DOCUMENT # P07000115648					
1. Entity Name MIRABAL DISTRIBUTORS, INC.					
Principal Place of Business 8801 FOUNTAINBLEAU BLVD UNIT 213 MIAMI, FL 33172			Mailing Address 8801 FOUNTAINBLEAU BLVD UNIT 213 MIAMI, FL 33172		
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	
				12092008 REIN-P CR2E098 (1/07)	
5. Certificate of Status Desired ☐				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIRABAL, ALBERTO 8801 FOUNTAINBLEAU BLVD UNIT 213 MIAMI, FL 33172				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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	P	☐ Delete	TITLE	MIRABAL ALBERTO	☒ Change ☐ Addition
NAME	MIRABAL, ALBERTO		NAME	1149 W. 40 PLACE	
STREET ADDRESS	8801 FOUNTAINBLEAU BLVD UNIT 213		STREET ADDRESS	HIALEAH FL. 33012	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	MIRABAL ALBERTO	☒ Change ☐ Addition
NAME	MIRABAL, ALBERTO		NAME	1149 W. 40 PLACE	
STREET ADDRESS	8801 FOUNTAINBLEAU BLVD UNIT 213		STREET ADDRESS	HIALEAH FL. 33012	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	TREA	☐ Delete	TITLE	MIRABAL ALBERTO	☒ Change ☐ Addition
NAME	MIRABAL, ALBERTO		NAME	1149 W. 40 PLACE	
STREET ADDRESS	8801 FOUNTAINBLEAU BLVD UNIT 213		STREET ADDRESS	HIALEAH FL. 33012	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	SECR	☐ Delete	TITLE	MIRABAL ALBERTO	☒ Change ☐ Addition
NAME	MIRABAL, ALBERTO		NAME	1149 W. 40 PLACE	
STREET ADDRESS	8801 FOUNTAINBLEAU BLVD UNIT 213		STREET ADDRESS	HIALEAH FL. 33012	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			12-09-08 (305) 542-4043		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		