

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

10/2

01 OCT 24 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28557

1. Corporation Name

ADVANCED BRANDS & IMPORTING CO., INC.

Principal Place of Business

393 TOTTEN POND ROAD
WALTHAM MA 02451

Mailing Address

393 TOTTEN POND ROAD
WALTHAM MA 02451



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

360 Hamilton Ave. Ste 1103

Suite, Apt. #, etc.

White Plains, NY

City & State

Zip

10601-1103

Country

3. New Mailing Office Address, If Applicable

360 Hamilton Ave

Suite, Apt. #, etc.

Suite 1103

City & State

White Plains, NY

Zip

10601-1103

Country

REINSTATEMENT

2001

Date Incorporated or Qualified
To Do Business in Florida

03/20/1990

5. FEI Number

04-2717661

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CT	LEVESQUE, DOMINIQUE	60 YARMOUTH RD	WELLESLEY MA
D	FOLEY, MICHAEL	50 MAIN ST	WHITE PLAINS NY 10606
D	WALSH, DANIEL	50 MAIN ST	WHITE PLAINS NY 10606
	* See separate sheet *		LS
P	Levesque, Dominique	60 Yarmouth Road	Wellesley, MA 02481
D/T	Walsh, Daniel	360 Hamilton Ave - Ste 1103	White Plains, NY 10601-1103
D	Van der Minne, Frans	360 Hamilton Ave - Ste 1103	White Plains, NY 10601-1103

8. Name and Address of Current Registered Agent

NATIONAL DISTRIBUTORS
4901 SAVERESE CIRCLE
TAMPA FL 33634

9. Name and Address of New Registered Agent

Name

CT Corp System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

SALVINA AMERTA-GRAY
SPECIAL ASSISTANT SECRETARY

Date

10-23-01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.

DOMINIQUE LEVESQUE, PRESIDENT

800004657718-7

-10/29/01--01078--017

****750.00 ****750.00

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 23, 2001 781-890-3534

CR2E040 (8/01)

202

Document # P28557

Added Information for

Block 7 :

S. Kinch, Julie 360 Hamilton Ave. Ste 1103
White Plains, NY 10601-1103