

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 95-97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 MAR 31 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-92000013930

1. Corporation Name

HECTOR DISTRIBUTORS, INC.

Principal Place of Business

6364 SW 25 ST.  
MIAMI, FL 33155

Mailing Address

SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12-01-1992

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

59-2748180

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DPS	CORDERO, HECTOR	6364 SW 25 ST	MIAMI, FL 33155
			000002131410--9
			-04/02/97--01076--002
			***1088.75 ***1088.75

REINSTATEMENT 95-97

A. Man  
3/31/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HECTOR CORDERO  
6364 SW 25 ST.  
MIAMI, FL 33155

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Hector Cordero*  
REGISTERED AGENT MUST SIGN

Date 03-17-1997

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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.

SIGNATURE:

*Hector Cordero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-17-1997 (305) 541-0120  
Date Daytime Phone #

CP2E040 (12/96)