

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014890

1. Corporation Name

Mid-Florida Distributors INC.
1619 SW 76th Terr.
Gainesville FL 32607

W00-725723

2. Principal Office Address

1619 SW 76th Terr.

Suite, Apt. #, etc.

City & State

Gainesville

Zip

32607

Country

Alachua

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip

32607

Country

Alachua

4. Date Incorporated or Qualified
To Do Business in Florida

12-23-92

5. FEI Number

59-3156241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gregory G. Liuzzo

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

1619 SW 76th Terr.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

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

Gregory G. Liuzzo
REGISTERED AGENT MUST SIGN

Date 10-5-2000

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
President	Gregory G. Liuzzo	1619 SW 76 th Terr.	Gainesville FL 32607
Vice Pres	Laura Liuzzo	1619 SW 76 th Terr.	" " "
			78

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-6-2000

Daytime Phone #

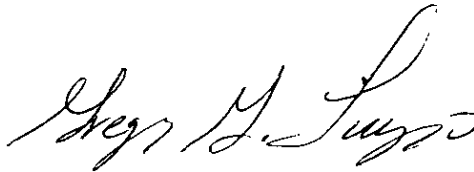
352-262-7000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom it May Concern:

At this time I need to apply for a corporate reinstatement due to the fact of an address change. The old address was 310 N.E. 39th Avenue, Gainesville, Florida and the new address is 1619 S.W. 76th Terrace, Gainesville, Florida, 32607. Based on the old address my mail was never forwarded to me therefore I was unaware of the corporation dissolution.

I would like you to please consider the one time abatement of the dissolved fees pertaining
to the dissolved corporation. Thank you for your cooperation in this matter.



Gregory G. Liuzzo
Mid Florida Distributors, Inc.
1619 S.W. 76th Terrace
Gainesville, Florida 32607