PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 NOV -6 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000049393

1. Corporation Name

B & M DISTRIBUTOR CORP

Principal Place of Business / Mailing Address

20533 BISCAYNE BLVD.
#129
AVENTURA, FLORIDA 33180

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

REINSTATEMENT 95-97

2. New Principal Office Address, If Applicable
20533 BISCAYNE BLVD
Suite, Apt. #, etc.
129
City & State
AVENTURA, FLORIDA
Zip 33180 Country DADE

3. New Mailing Office Address, If Applicable
20533 BISCAYNE BLVD
Suite, Apt. #, etc.
129
City & State
AVENTURA, FLORIDA
Zip 33180 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida
07-08-93

5. FEI Number
65-0430229
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]
$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	OSCAR TORO	20533 BISCAYNE BLVD #129	AVENTURA, FL 33180
VSD	PAULO OLIVEIRA	RUA JORGE COELLO #28	BARRIO ITAIM BIBI SDO. PAULO BRAZIL

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***1098.75 ***1098.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name
JOSE N. CORREA
Street Address (P.O. Box Number is Not Acceptable)
8900 S.W. 107 AVE
Suite, Apt. #, Etc.
SUITE 311
City MIAMI State FL Zip Code 33176

CR2E040 (12/95)

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 Jose N. Correa Date 11-04-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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: Oscar Toro OSCAR TORO PRESIDENT 11-04-97 (305)271-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #