PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

HP Office let

APPLICATION FOR REINSTATEMENT

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

Fax Log Report 1 of 2

FILED
97 AUG 20 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000028507

1. Corporation Name
B & D Distributor Inc.

Principal Place of Business	Mailing Address
South Fla.	3024 - SW 27 Ave
SAME →	Coconut Grove Fla 33133

REINSTATEMENT 8-20-97
DO NOT WRITE IN THIS SPACE

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 Address, If Applicable
3024 SW 27 Ave	3024 SW 27 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SAME →	Coconut Grove
City & State	City & State Fla
Zip / Country	Zip 33133 / Country Dade

4. Date Incorporated or Qualified To Do Business in Florida: April 1992 (?)

5. FEI Number: 650494719 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Robert LARSEN	3024 SW 27 AVE	Coconut Grove Fla 33133
V.P	Denise LARSEN	"	"
Sec. Treasurer	"	"	"
			500002272765--0

8. Name and Address of Current Registered Agent

Robert LARSEN
3024 SW 27 AVE Rear Apt.
Coconut Grove
Fla 33133

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (1/96)

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: Robert Larsen — Date: 8-12-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Robert Larsen — 8-12-97 — 3054619190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 502945 7134258

AUTHORIZATION : Kurt Halverson

COST LIMIT : $ 915.00

ORDER DATE : August 20, 1997

ORDER TIME : 11:16 AM

ORDER NO. : 502945-005

CUSTOMER NO: 7134258

CUSTOMER: Mr. Robert Larsen
B & D Distributors, Inc.
3024 Sw 27th Ave.

Miami, FL 33133

DOMESTIC FILINGS

NAME: BAND D DISTRIBUTOR INC.

RECEIVED
97 AUG 20 PM 1:10
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Todd Sterzoy

EXAMINER'S INITIALS _____