

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 MAY 19 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94 0000 31506**

1. Corporation Name **INTEGRATED DISTRIBUTION SYSTEMS INC.**

Principal Place of Business Mailing Address
7331 NW 12th St. SAME
MIAMI FL 33126

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 4/14/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3780786	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 95-97

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
PRES	JAY ROSEN	7331 NW 12th St	MIAMI FL 33126
SECRETARY	JOSEPH GAMBINO	125 PENNSYLVANIA AVE	KENNY NJ
V. PRES	THOMAS GAMBINO	125 PENNSYLVANIA AVE	KENNY NJ
			600002184546--0 -05/20/97--01019--006 ***1080.00 ***1080.00 JBS-19-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAY ROSEN 7331 NW 12th St. MIAMI FL 33126		Name JAY ROSEN Street Address (P.O. Box Number is Not Acceptable) 7331 NW 12th St Suite, Apt. #, Etc. City MIAMI FL		State FL	Zip Code 33126
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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 **JC** REGISTERED AGENT MUST SIGN Date **5/16/97**

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: **JC**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/97
Date Daytime Phone #

CR20040 (12/96)