

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000031506		FILED 99 SEP -7 PM 1:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1 Corporation Name INTEGRATED DISTRIBUTION SYSTEMS INC.			
Principal Place of Business 7101 NW 32 AVENUE MIAMI FL 33147		Mailing Address	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		4 Date Incorporated or Qualified To Do Business in Florida 4/26/94	
		5 FEI Number 13-3780786	
		Applied For Not Applicable	
		6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
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	JAY ROSEN	7101 NW 32 AVENUE	MIAMI FL 33147
V Pres	THOMAS GAMBINO	125 PENNSYLVANIA AVE	SOKEARNY NJ 07032
Sec/Treas	JOSEPH GAMBINO	125 PENNSYLVANIA AVE	SOKEARNY NJ 07032
			400002982774--4 -09/09/99 01069-014 ****900.00 ****900.00
8 Name and Address of Current Registered Agent		9 Name and Address of New Registered Agent	
JAY ROSEN 7101 NW 32 Ave MIAMI FL 33147		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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 _____ Date 9/3/99 REGISTERED AGENT MUST SIGN			
11 This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: [Signature]		Date 9/3/99 Daytime Phone # 305-836-3330 KE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			