

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -3 AM 9:29

DOCUMENT # P94000042665

1. Corporation Name

RAMAR DISTRIBUTING CORP.

Principal Place of Business

Mailing Address

5811 SW 21 ST.
HOLLYWOOD, FL 33023

SAME

100003046951--3
-11/17/99--01017--031
***1358.75 ***538.75

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

6/6/99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0496840

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

38.75 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
P	SIDNEY J. FEIN	7668 SPRINGWATER PLACE APARTMENT 102	BOYNTON BEACH, FL 33437
S/T	ETHEL C. FEIN	" "	" " "

8. Name and Address of Current Registered Agent

UNKNOWN

9. Name and Address of New Registered Agent

Name SIDNEY J. FEIN

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

7668 SPRINGWATER PLACE

Suite, Apt. #, Etc.

APT 102

City

BOYNTON BEACH

State

FL

Zip Code

33437

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/28/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIDNEY J. FEIN

Date

10/28/99

Daytime Phone #

954-986-2750

954-817-0252

CR2E081 (1/2/98)