PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 DEC 31 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066298

1. Corporation Name

NAFTA DISTRIBUTION, INC.

Principal Place of Business / Mailing Address

~~11701 N.W. 101st~~ Road
Miami, Florida 33178

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable
8055 N.W. 77th Court
Suite, Apt. #, etc.
Suite 5
City & State
Miami, Florida
Zip 33166 Country U.S.A.

3. New Mailing Office Address, If Applicable
8055 N.W. 77th Court
Suite, Apt. #, etc.
Suite 5
City & State
Miami, Florida
Zip 33166 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
September 6, 1994

5. FEI Number
650548726
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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
D,P,S,T	Ron Cohen	8055 N.W. 77th Court Suite 5	Miami, Florida 33166

400002391284--8
-01/06/98--01074--026
****750.00 ****750.00

97.12/98

8. Name and Address of Current Registered Agent

Leon Falic
11701 N.W. 101st Road
Miami, Florida 33178

9. Name and Address of New Registered Agent

Name C/O:
Louis R. Montello Montello & Kenney, P.A.
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue
Suite, Apt. #, Etc.
Suite 1200
City Miami, State FL Zip Code 33131

CR2E040 (12/96)

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 _____ Date December 22, 1997
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 of 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: _____ 12/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ron Cohen, President
Date (305) 884-2002 Daytime Phone #