

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070339

1. Corporation Name

GEORGE & SON DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

12101 PICALILLI ST.
ORLANDO FL 32837

12101 PICALILLI ST.
ORLANDO FL 32837



REINSTATEMENT

03

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

09/22/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3273715

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AJA, JORGE	12101 PICALILLI ST.	ORLANDO FL 32837
D	AJA, EMIR H	%12101 PICALILLI ST.	ORLANDO FL 32837

400023867344
10/17/03--01003--020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AJA, JORGE
12101 PICALILLI ST.
ORLANDO FL 32837

Name

Emir H. ASA

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

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03 407)859-2180
Date Daytime Phone #