

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION'
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 DEC 18 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072055

1. Corporation Name

PROD-X DISTRIBUTORS, INC

2. Principal Office Address

12229 S.W. 53 STREET

Suite, Apt. #, etc.

BLDG. 300 STE. 306

City & State

COOPER CITY, FL

Zip

33330

Country

BROWARD

3. Mailing Office Address

12229 S.W. 53 STREET

Suite, Apt. #, etc.

BWDC 300 STE 306

City & State

COOPER CITY, FL

Zip

33330

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-26-94

5. FEI Number

65-0545526

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NASIR M. KHAN

800003524018-5

01/04/01-01104-005

****758.75 ****758.75

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

2546 HUNTERS RUN WAY

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 12-12-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	NASIR M. KHAN	2546 HUNTERS RUN WAY	WESTON, FL 33327
V. PRESIDENT	ASIF MANSOOR	436 LAKEVIEW DR # 204	WESTON, FL 33326
:			
:			
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REINSTATEMENT 2000

10. 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]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-12-00

Daytime Phone #

954-434-1981