

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000078637

1. Corporation Name *INTERNATIONAL DISTRIBUTORS ENTERPRISES, INC.*

96 NOV 19 PM 1:44

Mailing Address

Principal Place of Business

*10003 WINDING LAKE ROAD
SUITE #201
SUNRISE, FL 33351*

*→ SAME
• PADE CO.
• BROWARD CO.*

100002017131--9

-12/02/96--01041--022

*****575.00 *****575.00

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10-26-94

5. FEI Number

65-0529179

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

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
<i>D, VP</i>	<i>REGULO GOUSSOT</i>	<i>10003 WINDING LAKE ROAD SUITE #201, SUNRISE</i>	<i>SUNRISE, FL 33351</i>
<i>D, P</i>	<i>GERMAN MONTEIRO</i>	<i>10003 WINDING LAKE ROAD SUITE #201</i>	<i>SUNRISE, FL 33351</i>

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*****8.75 *****8.75

REINSTATEMENT

95-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*AMERILAWYER
313 ALAMEREA AVE
CORAL GABLES, FL 33134*

*MARK J. SPENCER
Street Address (P.O. Box Number is Not Acceptable)
800 WEST AVENUE
Suite, Apt. #, Etc.
PENTHOUSE 21
City
MIAMI BEACH
State
FL
Zip Code
33139*

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

[Signature of Mark J. Spencer]

REGISTERED AGENT MUST SIGN

Date *10-22-96*

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11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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 of German Montero]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERMAN MONTERO, PRESIDENT (RM) 748-8601
Date *10-22-96*
Daytime Phone *748-8601*

CREATING (RM)