PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

96 DEC -9 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P95000003256**

1 Corporation Name

S.D.Q. INTERNATIONAL DISTRIBUTORS, CORP.

Principal Place of Business	Mailing Address
P O BOX 557546 MIAMI FL 33255-7546	P O BOX 557546 MIAMI FL 33255-7546

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
13250 SW 131 ST	13250 SW 131 ST
Suite, Apt. #, etc.: # 101	Suite, Apt. #, etc.: # 101
City & State: MIA FL	City & State: MIA FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/1995

5. FEI Number: 65-05-46581 ☐ 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
DPVS	DE QUESADA, SERGIO	4918 SW 75TH AVE 13250 SW 131 ST # 101	MIAMI FL 33155 MIA FL 33186
T	DE QUESADA, SERGIO	4918 SW 75TH AVE 13250 SW 131 ST # 101	MIAMI FL 33155 MIA FL 33186
			900002025439--8 -121196--01011--012 ****383.75 ****383.75
			REINSTATEMENT 1996 D. Alan

8. Name and Address of Current Registered Agent

DE QUESADA, SERGIO
4918 SW 75TH AVE
MIAMI FL 33155

9. Name and Address of New Registered Agent 12-9-96

Name: DE QUESADA, SERGIO
Street Address (P.O. Box Number Is Not Acceptable): 13250 SW 131 ST
Suite, Apt. #, Etc.: # 101
City: MIA State: FL Zip Code: 33186

CRCE040 (7/95)

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] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 12/6/96

11. 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.)

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] SIGNATURE REQUIRED SERGIO DE QUESADA 12/6/96 305-385-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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