

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 DEC 31 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000068923

1. Corporation Name

DISTRIBUCO, INC.

Principal Place of Business

3590 BAYSHORE DR  
NAPLES FL 33962  
US

Mailing Address

3590 BAYSHORE DR  
NAPLES FL 33962  
US

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

2. New Principal Office Address, If Applicable

4584 Enterprise Ave  
B-6  
NAPLES FL 33962

3. New Mailing Office Address, If Applicable

4584 Enterprise Ave  
B-6  
NAPLES FL 33962

City & State

Naples FL  
34104 Collier

City & State

Naples Florida  
34104 Collier

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

09/07/1995

5. FEI Number

65-0607494

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)

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
PSTD	BREW, LESLIE B	3270 BAYSHORE DRIVE 4584 Enterprise Ave B-6	NAPLES FL 33962 34104

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name  
Spiegel & Utrera, P.A., d/b/a AmeriLawyer  
Street Address (P.O. Box Number is Not Acceptable)  
343 Almeria Avenue  
Suite, Apt. #, Etc.

City  
Coral Gables

State  
FL

Zip Code  
33134

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 By: Natalia Utrera, Vice President

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

LESLE B BREW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-22-97 403-2528