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 APR 17 AM 11: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA |

DOCUMENT # **P95000090015**

1. Corporation Name

INTERNATIONAL SERVICING & DISTRIBUTING CORPORAT ION

REINSTATEMENT 96-97

Principal Place of Business	Mailing Address
7754 NW 71ST ST MIAMI FL 33166	7754 NW 71ST ST MIAMI FL 33166

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 **11/19/1995**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **65-0625478** — Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status
Zip — Country	Zip — Country	

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
PD	CASTELLANOS, FELIX	3910 SW 61ST AVE	MIAMI FL 33155
			8000002151938----6 -04/23/97--01064--011 ****915.00 ****915.00
			4/22/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CASTELLANOS, FELIX 7754 NW 71ST ST MIAMI FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State **FL** — Zip Code

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 _____ Date **02/06/97**

REGISTERED AGENT MUST SIGN

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: _____ **FELIX CASTELLANOS**   **02/06/97** **(305)597-9822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (7/96)