

APPLICATION
FOR
REINSTATEMENT



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

FID

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Corporation Name
PYRAMID DISTRIBUTORS, CORP.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 15601 SW 137 AVE APT#35 MIAMI, FL 33177 | 15601 SW 137 AVE APT#35 MIAMI, FL 33177 |

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

01/16/1996

| | |
|-------------|--|
| Applied For | |
|-------------|--|

65-0640594

| |
|----------------|
| Not Applicable |
|----------------|

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

| 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 |
|------------|-------------------------------------|--|----------------------|
| D | THOMAS M. MARTINEZ | 15601 SW 137 AVE APT# 35 | MIAMI, FL. 3317 |

100003027121--6
-1072799--01073--021
***300.00 ***300.00

SP

9. Name and Address of New Registered Agent

THOMAS M. MARTINEZ
15601 SW 137 AVE APT# 35
MIAMI, FL 33177

Name _____

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

Suite, Apl. #, 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

Registered agent of the above
 Z. Mariner

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

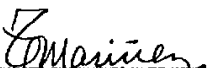
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir/Ms:

Per instructions from de Division Of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with the corporation **PYRAMID DISTRIBUTORS, CORP**

Thank you for your courtesy in this matter.


THOMAS M MARINEZ
PRESIDENT