

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
F.I.D.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra D. Martham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000027657

1. Corporation Name

ACTION DISTRIBUTORS - FLORIDA, INC.

Principal Place of Business

108 SE 1ST ST SUITE 1000
MIAMI FL 33131

Relocating Address

108 SE 1ST ST SUITE 1000
MIAMI FL 33131



If above addresses are incorrect in any way, type through corrected information and enter correction below

2. New Principal Office Address, if Applicable

3. New Relocating Office Address, if Applicable

Bldg., Apt. #, etc.

Bldg., Apt. #, etc.

City & State

City & State

Zip

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officer and/or Director	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	CLAYNOR, DARRY E	108 SE 1ST ST SUITE 1003	MIAMI FL 33131
			3000002952443
			-11/19/97-01103-016
			*****750.00...*****750.00
			<i>RECEIVED BY</i> <i>[Signature]</i>
			<i>Allen</i>
			<i>11/19/97</i>

B. Name and Address of Current Registered Agent

ROSE, MICHAEL I
180 W FLAGLER ST SUITE 1825
MIAMI FL 33101

C. Name and Address of New Registered Agent

Name _____
Street Address (DO NOT Use Number if Not Applicable)
Bldg., Apt. #, etc.
City _____ State _____ Zip _____
Date _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607(6)(a), F.S.

Signature of
Registered Agent

[Signature]

Date 10-28-97

REGULAR AND AGENT MUST SIGN

11. This corporation owns 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 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)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it would under oath.

SIGNATURES:

[Signature]
PRINTING AND TYPING OR PRINTING NAME IF SIGNING DIFFERENT THAN SIGNATURE

18/24/97 218 3585020
Date *[Signature]*

EX-9000 A

FAXED