

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
02 JAN 10 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000048737**

1. Corporation Name

DUTY FREE WATCH DISTRIBUTORS, INC

2. Principal Office Address

16250 NW 59 AVE

Suite, Apt. #, etc.

SUITE 207

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

3. Mailing Office Address

16250 NW 59 AVE

Suite, Apt. #, etc.

SUITE 207

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

96

5. FEI Number

650675727

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID MARMOL

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

16250 NW 59 AVE

Suite, Apt. #, Etc.

SUITE 207

City

MIAMI LAKES

State

FL

Zip Code

33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

D/Re

Date

01/07/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DAVID MARMOL	16250 NW 59 AVE #207	MIAMI LAKES, FL 33014
D	ISRAEL MARMOL	16250 NW 59 AVE #207	MIAMI LAKES, FL 33014

10. 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

DAVID MARMOL

Date

01/07/02

Daytime Phone #

(305) 818-6720

January 7, 2002

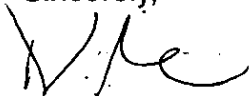
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

Dear Sirs

I had the pleasure of speaking with one of your representatives in the Reinstatement department regarding our move last year, and the fact that we did not receive the UBR for 2001.

Following please find a copy of the Corporate Reinstatement form I was instructed to download from your website. I am also sending you a check for \$300.00 to cover the 2001 and 2002 charges as instructed.

Sincerely,



David Marmol

Enclosures (2)