PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 MAR -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000024122

1. Corporation Name

TBL Distributors, Inc.

Principal Place of Business	Mailing Address
Naples, FL. Home-OFFICE	8855 Lely Island Circle Naples, FL. 34113

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
Same as above Suite, Apt. #, etc.	Same as above Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT

4 Date Incorporated or Qualified To Do Business in Florida: 1996

5 FEI Number: 65-0678331 ☐ 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
CEO	Javis M. Ramirez	8855 Lely Island Circle	Naples, FL. 34113
Pres.	Toni M. Ramirez	8855 Lely Island Circle	Naples, FL 34113
V.P.	H. Michael Glover	2225 13th St. N.	Naples, FL 34103

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
H. Michael Glover (New Registered Agent) 2225 13th ST. N. Naples, FL 34103	Name: H. Michael Glover Street Address (P.O. Box Number is Not Acceptable): 2225 13th ST. N. Suite, Apt. #, Etc. City: Naples State: FL Zip Code: 34103

CR2E041 (12/98)

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: Michael Glover
REGISTERED AGENT MUST SIGN

Date: March 30, 1999

11. This corporation owes 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: Toni M. Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99
Date

941-430-2154
Daytime Phone #