

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 11 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #P96000067653

1. Corporation Name

C.D.W. CONNECTION DISTRIBUTING CO.

2. Principal Office Address

20423 STATE RD 7

Suite, Apt. #, etc.

SUITE #418

City & State

BOCA RATON, FL

Zip

33498

Country

USA

3. Mailing Office Address

20423 STATE RD 7

Suite, Apt. #, etc.

SUITE #418

City & State

BOCA RATON, FL

Zip

33498

Country

USA

**REINSTATEMENT**

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4. Date Incorporated or Qualified  
To Do Business in Florida

8/14/1996

5. FEI Number

65-0696287

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DOUGLAS LANGLEREN

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

20423 STATE RD 7

Suite, Apt. #, Etc.

SUITE #418

City

BOCA RATON

100003510921

-12/21/00--01086--024

\*\*\*750.00 \*\*\*750.00

State

FL

Zip Code

33498

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

*Douglas Langleren*

REGISTERED AGENT MUST SIGN

Date Nov 29/00

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
PRES	DOUGLAS LANGLEREN	20423 STATE RD 7 SUITE #418	BOCA RATON, FL 33498
SEC / TREAS	NOREEN LANGLEREN	20423 STATE RD 7 SUITE #418	BOCA RATON, FL 33498

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

*Douglas Langleren* Nov 29/00 954-893-8750

Date

Daytime Phone #

CR2E081 (9/99)