

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000069695

1. Corporation Name

COMPACT DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

6509 S.W. 26 COURT
MIRAMAR FL 33023

6509 S.W. 26 COURT
MIRAMAR FL 33023

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

1716 S.W. 101 TERR

1716 S.W. 101 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FLORIDA

City & State

MIRAMAR FLORIDA

Zip

33025

Country

USA

Zip

33025

Country

USA

REINSTATEMENT

08/21/1996

5. FEI Number

65-0690007

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	BULGIN, JERETA	6509 S.W. 26 COURT	MIRAMAR FL 33023
SD	SMITH, MAVIS	6509 S.W. 26 COURT	MIRAMAR FL 33023
PTD	SMITH, ALBERT	1716 S.W. 101 TERR	MIRAMAR FL 33025

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-09/26/00--01103--011
****908.75 ****908.75

8. Name and Address of Current Registered Agent

BULGIN, JERETA
6509 S.W. 26 COURT
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name

SMITH, ALBERT

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

1716 S.W. 101 TERRACE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

9/1/00

11. 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

9/1/00 (954) 442 4487

Daytime Phone #

KE