

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 APR -6 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000071446

1. Corporation Name

A & C Distributors, Inc.

Principal Place of Business

Mailing Address

601 Codisco Way
Sanford, FL 32771

Same

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/96

5. FEI Number

65-0696222

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
P/D	Nelles, Mark A.	601 Codisco Way	Sanford, FL 32771
V/D	Perez de la Mesa, Manuel	2665 S. Bayshore Drive	Coconut Grove, FL 33133
V/T/D	Walker, James P.	601 Codisco Way	Sanford, FL 32771
S/D	Logan, Barry S.	2665 S. Bayshore Drive	Coconut Grove, FL 33133
D	Nahmad, Albert H.	2665 S. Bayshore Drive	Coconut Grove, FL 33133

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Barry L. Clayton
1675 Palm Beach Lakes Blvd.
7th Floor
West Palm Beach, FL 33401

Name

Barry S. Logan

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

2665 S. Bayshore Drive.

Suite, Apt. #, Etc.

Suite 901

City

Coconut Grove

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date

4/2/98

11. This corporation owes 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 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:

James P. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James P. Walker, V/T/D

3/19/98

Date

(407) 323-8500

Daytime Phone #

REINSTATEMENT

CR2E040 (1/98)