

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 FEB 26 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097312

1. Corporation Name

FLORIDALAND DISTRIBUTORS INTERNATIONAL INC..

Principal Place of Business

1320 S DIXIE HWY 254
CORAL GABLES FL 33146
12966 SW 132ND AVE
MIAMI FLORIDA 33186

Mailing Address

1020 S DIXIE HWY 254
CORAL GABLES FL 33146
P.O. Box 16-5011
MIAMI FLORIDA 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12966 SW 132ND AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33186

Country

3. New Mailing Office Address, If Applicable

P.O. Box 16-5011

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

Zip

33186

Country

4. Date Incorporated or Qualified
To Do Business In Florida

11/26/1996

5. FEI Number

N/A

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
PTD	COX, H F	1320 S DIXIE HWY 254 12966 SW 132ND AVE	CORAL GABLES FL 33146 MIAMI FLORIDA 33186
SD	HIRE-MILLER, SHARON O	1020 S DIXIE HWY 254 12966 SW 132ND AVE	CORAL GABLES FL 33146 MIAMI FLORIDA 33186
			800002441888--3 -02/26/98--01100--006 ****150.00 ****150.00

REINSTATEMENT 97-98

800002441888--3
-02/26/98--01100--007
****150.00 ****150.00

8. Name and Address of Current Registered Agent

COX, H F
1320 S DIXIE HWY 254
CORAL GABLES FL 33146

9. Name and Address of Current Registered Agent

Name
H. F. Cox
Street Address (P.O. Box Number is Not Acceptable)
12966 S.W. 132nd Ave
Suite, Apt. #, Etc.
MIAMI FLORIDA
City
State
FL Zip Code
33186

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]
REGISTERED AGENT MUST SIGN

Date

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)(l), 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

Daytime Phone #

305 949-6258

CR2E040 (8/97)