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CORPORATION REINSTATEMENT

98-0UBE

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

FILED
01 SEP -7 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000101194

1. Corporation Name

International Group Distributors, INC

2. Principal Office Address	3. Mailing Office Address
381 N. Royal Ponciana Blvd.	P.O. Box 661477
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country: USA	Zip: 33266 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 12/16/1996

5. FEI Number 650713269 ☐ Applied For ☐ Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James A. Perez

Street Address (P.O. Box Number is Not Acceptable): 1551 West Okeechobee Rd.

Suite, Apt. #, Etc.: No.24

City: Hialeah State: FL Zip Code: 33010

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****600.00 ****600.00

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: X James A. Perez REGISTERED AGENT MUST SIGN Date 9-5-01

CR2E081 (9/00)

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
PS	James A. Perez	W. Okeechobee Rd. #24	Hialeah FL 33010
			LS

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: X James A. Perez 9-5-01 305-887-6999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #