

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101 194

1. Corporation Name

International Group Distributors, Inc

2. Principal Office Address - No P.O. Box #
450 SWALLOW DR

3. Mailing Office Address
450 SWALLOW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Springs-FL 33166

City & State

Miami Springs-FL 33166

Zip
33166

Country
USA

Zip
33166

Country
USA

7. Name and Address of Current Registered Agent

Name
Perez, James A

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

314 SW 10 AVE

Suite, Apt. #, Etc.

Miami

City

Miami

State

FL

Zip Code

33130

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

10/5/07

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
PT	Laura Puente	1140 Red Bird Ave	Miami Springs-FL 33166

400110749824
10/15/07--01003--002 **750.00

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 contained in Chapter 119, 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 Laura Puente

LAURA PUENTE 10/5/07 305-895-1775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 OCT 15 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CRZE081 (1/07)

03-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0713269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.