

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 29 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000061644

1. Corporation Name

INCO 1 DISTRIBUTORS, INC.

Principal Place of Business

18235 NE 4TH COURT
MIAMI FL 33162
US

Mailing Address

18235 NE 4TH COURT
MIAMI FL 33162
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1997

5. FEI Number

65-0767651

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	4 City / State / Zip
P	COHEN, KEITH	2123 NE 203 TERRACE 10295 COLLINS AVE #320	MIAMI FL 33179 BAL HARBOUR FL 33154
V	COHEN, INES	2123 NE 203 TERRACE 2375 NE 164 ST	MIAMI FL 33179 NMB, FL 33160

000008644470
10/29/02--01037--012 **150.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

COHEN, KEITH
2123 NE 203 TERR
MIAMI FL 33179

9. Name and Address of New Registered Agent

Name

Keith A. Cohen

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

10295 COLLINS AVE #320

Suite, Apt. #, Etc.

City

BAL HARBOUR

State
FL

Zip Code

33154

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Keith A. Cohen 10/22/02 (305) 999-9112

Date

Daytime Phone #

CR2040 (8/02)

Inco 1 Distributor, Inc

18235 NE 4TH Court
Miami, FL 33162
(305)999-9112

.....

October 22, 2002

Florida Department of State
Division of corporations
P.O. Box 6327
Tallahassee, Florida 32314

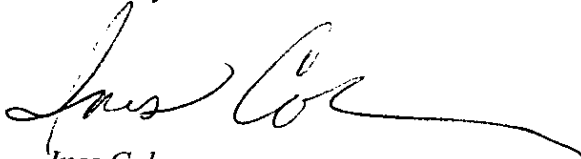
RE: Document # P97000061644

To Whom It May Concern:

I am writing in response to the notice I received in the mail today regarding our application for reinstatement of corporation. This was the first notice I received this year, I never received the annual report that is usually sent in April. Please accept my filing fee of \$150.00 at this time and reinstate the above corporation.

Thank you for your assistance in this matter. If you have any questions please feel free to contact me at (305)999-9112.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Ines Cohen', with a long horizontal flourish extending to the right.

Ines Cohen

Vice President