

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 25 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072448

1. Corporation Name

BAYSHORE DISTRIBUTION, INC.

Principal Place of Business

3114 WEST KNIGHTS AVENUE  
TAMPA FL 33611

Mailing Address

P.O. BOX 10973  
TAMPA FL 33679

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

2. New Principal Office Address, If Applicable

~~3924 WEST BIRD ST~~

Suite, Apt. #, etc.

~~TAMPA FLA~~

City & State

~~33614~~

Zip

~~33614~~

Country

~~HILLSBORO~~

3. New Mailing Office Address, If Applicable

~~3924 WEST BIRD ST~~

Suite, Apt. #, etc.

~~TAMPA FLA~~

City & State

~~33614~~

Zip

~~33614~~

Country

~~HILLSBORO~~

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/1997

5. FEI Number

59-3467860

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        | 2                                    | 3   | 4                         |
|----------|--------------------------------------|---|---------------------------|
| Title(s) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
| PO       | PIERSON, YOLANDA J                   | <del>3114 WEST KNIGHTS AVENUE</del>               | <del>TAMPA FL 33611</del> |
| STVD     | PIERSON, DOUGLAS R                   | <del>3114 WEST KNIGHTS AVENUE</del>               | <del>TAMPA FL 33611</del> |
| PSTD     | YOLANDA JUAN                         | 3924 W. BIRD ST                                   | TAMPA FL 33614            |
|          |                                      |   |                           |
|          |                                      |   |                           |
|          |                                      |   |                           |
|          |                                      |   |                           |

200009035512-5  
-11/04/99--01082--016  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

PIERSON, DOUGLAS R.  
3114 W KNIGHTS AVE  
TAMPA FL 33611

9. Name and Address of New Registered Agent

Name

FELIX A JUAN

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

3924 WEST BIRD ST

Suite, Apt. #, Etc.

TAMPA FLA

City

33614 TAMPA

State

FL

Zip Code

33614

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/18/99

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:

*[Signature]*  
YOLANDA JUAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/99

Daytime Phone #

813-806-9800

KE

CR23140 (8/99)