

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 11 PM 12:03

DOCUMENT # *P97000090345*

1. Corporation Name

Caribbean International Distributors, Inc.

200016218512
04/17/03--01075--004 **1058.75

REINSTATEMENT *01-03*

2. Principal Office Address

5557 W. Oakland Park Blvd

Suite, Apt. #, etc.

Suite 258

City & State

Lauderhill, Florida

Zip

33313

Country

USA

3. Mailing Office Address

7110 NW 4th Avenue

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33487

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1997

5. FEI Number

65-0790231

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

Simmons, Neal

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

7110 NW 4th Avenue

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

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

Neal Simmons
REGISTERED AGENT MUST SIGN

Date

4/10/03

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
DVP	Butler, Eugene	5557 W. Oakland Park Blvd., Ste 258	Lauderhill, FL 33313
DVP	Munnings, Cedric C.	90 N.E. 96th Street	Miami, FL 33138
DT	Simmons, Neal	7110 NW 4th Avenue	Boca Raton, FL 33487

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:

NEAL SIMMONS, TREASURER
Neal Simmons, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/03

Date

561-997-2463

Daytime Phone #

CR2E081 (10/02)