

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY 13 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000101826*

1. Corporation Name

*American Prepaid Distribution Corporation*

700005610977--3

-05/27/02--01003--016

\*\*\*\*458.75 \*\*\*\*458.75

2. Principal Office Address

*10800 Biscayne Blvd.*

Suite, Apt. #, etc.

*Suite 700*

City & State

*Miami, FL*

Zip

*33161*

Country

*U.S.*

3. Mailing Office Address

*10800 Biscayne Blvd.*

Suite, Apt. #, etc.

*Suite 700*

City & State

*Miami, FL*

Zip

*33161*

Country

*U.S.*

4. Date Incorporated or Qualified  
To Do Business in Florida

*12/01/1997*

5. FEI Number

*650902455*

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

*Joel Santucci*

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

*10800 Biscayne Blvd.*

Suite, Apt. #, Etc.

*Suite 700*

City

*Miami*

State

*FL*

Zip Code

*33161*

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

*(Joel Santucci)*

Date *5/10/02*

REGISTERED AGENT MUST SIGN

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
<i>Pres.</i>	<i>Joel Santucci</i>	<i>10800 Biscayne Blvd.</i>	<i>Miami/FL/33161</i>
<i>Vice Pres.</i>	<i>Robert Ruffeino</i>	<i>10800 Biscayne Blvd.</i>	<i>Miami/FL/33161</i>

10. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joel Santucci*

*5/10/02* *305-345-6646*

Date

Daytime Phone #

CR2E081 (9/01)

5/10/02

RE: P97000101826 (American Prepaid Distribution Corporation)

To Whom It May Concern:

Enclosed is a check for the amount of \$458.75 to reinstate the above name corporation. The company's address changed and we did not receive our outstanding uniform business reports. I've been advised by the Division of Corporations to include this letter with a check and the company will be reinstated.

Sincerely,



Joel Santucci