
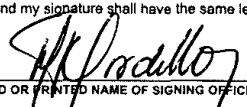


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P98000039164</b>			
1. Corporation Name <b>NEW CENTURY DISTRIBUTORS INC.</b>			
2. Principal Office Address <b>7817 N.W. 72 AVE.</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FLA.</b>		City & State	
Zip <b>33166</b>	Country <b>USA</b>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>1999-2001 UBR</b>		04/30/1998	
5. FEI Number <b>65-0836627</b>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <b>MARIA GORDILLO</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>7817 N.W. 72 AVE.</b>			
Suite, Apt. #, Etc.			
City <b>MIAMI, FLA.</b>		State <b>FL</b>	Zip Code <b>33166</b>
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		Date	
<b>X</b> 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
<b>P</b>	<b>MARIA GORDILLO</b>	<b>7817 N.W. 72 AVE.</b>	<b>MIAMI, FLA. 33166</b>
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: <b>X</b> 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

01 AUG 28 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten initials]*

**1999-2001 UBR**

100004587351-9  
-09/13/01--01061-015  
\*\*\*\*450.00 \*\*\*\*50.00

CR2E081 (9/00)