

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 DEC 21 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000054483**

1. Corporation Name

**FTS DISTRIBUTING, INC.**

Principal Place of Business

Mailing Address

11767 S. DIXIE HIGHWAY  
#367  
MIAMI FL 33156-4

11767 S. DIXIE HIGHWAY  
#367  
MIAMI FL 33156-4

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT**

06/18/1998

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

**65-0844134**

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	SPITE, WADEAHA	1955 LARKSPUR #626	SAN ANTONIO TX 78213

**800003084048--4**  
-12/30/99--01020--022  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARUSELLO, KENNETH J  
1925 PONCE DE LEON BLVD.  
CORAL GABLES FL 33113-4

Name

**Carusello, Kenneth J.**

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

**2655 Le Jeune Road**

Suite, Apt. #, Etc.

**Penthouse 1-D**

City

**Coral Gables**

State

Zip Code

**FL**

**33134**

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**11/15/99**

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.

**KE**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11-1-99**