

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 20 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 098000064384

1. Corporation Name

Holgate Distribution Company

2. Principal Office Address

633 NE 167th Street

Suite, Apt. #, etc.

1103

City & State

North Miami Beach, FL

Zip

33162

Country

USA

3. Mailing Office Address

633 NE 167th Street

Suite, Apt. #, etc.

1103

City & State

North Miami Beach, FL

Zip

33162

Country

USA

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/02/98

5. FEI Number

65-0852566

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

Brian Hankerson

Street Address (P.O. Box Number is Not Acceptable)
9000 Sheridan Street

Suite, Apt. #, Etc.
117

City

Pembroke Pines

State

FL

Zip Code

33024

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 April 19, 2004

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
P,D	William L. Wells	633 NE 167th Street, 1103	North Miami Beach, FL 33162
V,D	George Howard	633 NE 167th Street, 1103	North Miami Beach, FL 33162
T,D	Brian Hankerson	8741 SW 14th Street	Pembroke Pines, FL 33025
D	Charles Holgate	4400 NW 10 Place, #L206	Plantation, FL 33313

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:

Brian Hankerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2004

Date

954-600-0592

Daytime Phone #

CR2001 (01/04)

18

2082

April 19, 2004

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

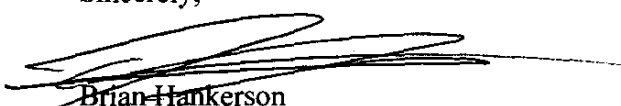
RE: Holgate Distribution Company

To Whom It May Concern:

Please process the attached reinstatement form for the above-referenced corporation. I am respectfully requesting that you forego the reinstatement fee since I never received the annual report for 2003. Please expedite the reinstatement of this corporation. I am enclosing \$150.00 for each year dissolved.

Thank you for your assistance and if you have any questions, please contact me at (954) 600-0592.

Sincerely,



Brian Hankerson
Registered Agent