

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 Jan 9 PM 4:00

DOCUMENT # *P98000079307-111*

1. Corporation Name *yellow distributors corp.*

2. Principal Office Address

1840 NE 144 ST.

Suite, Apt. #, etc.

City & State

NM - FL

Zip

33161

Country

DADE

3. Mailing Office Address

P.O. Box 611752

Suite, Apt. #, etc.

City & State

NM - FL

Zip

33261

Country

DADE

REINSTATEMENT *99-02*

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 15/98

5. FEI Number

☒ 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

MARIA PINEIRO

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

1840 NE 144 ST

Suite, Apt. #, Etc.

NM - FL 33161

City

NM

600004792356-4

-01/23/02--01078--001

****1200.00 ***1200.00*

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

MARIA PINEIRO - Maria Pineiro

REGISTERED AGENT MUST SIGN

Date *12/20/01*

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>ELLIOTT A. GIRAUD</i>	<i>1840 NE 144 ST</i>	<i>NM - FL 33161</i>
			<i>AD</i>

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:

ELLIOTT A. GIRAUD *ELLIOTT A. GIRAUD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/01 305815-1930

Date

Daytime Phone #

CR2E081 (9/99)