


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

CORPORATION  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P98000080034</i> 1. Corporation Name CGRN DISTRIBUTORS CORPORATION	
2. Principal Office Address 8411 W. OAKLAND PARK Suite, Apt. #, etc. SUITE 300 City & State SUNRISE, FLORIDA Zip 33351 Country USA	3. Mailing Office Address 8411 W. OAKLAND PARK Suite, Apt. #, etc. SUITE 300 City & State SUNRISE, FLORIDA Zip 33351 Country USA

FILED
02 JAN 22 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-02/05/02--01016--019
******300.00 ****300.00**

4. Date Incorporated or Qualified To Do Business in Florida SEPT 11, 1998	
5. FEI Number 65-0864135	Applied For <input type="checkbox"/> 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 ROBERT W. THOMSON Street Address (P.O. Box Number is Not Acceptable) 8411 W. OAKLAND PARK BLVD Suite, Apt. #, Etc. SUITE 300 City SUNRISE		State FL	Zip Code 33351
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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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN		Date 1/17/02
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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	ROBERT W. THOMSON	8411 W. OAKLAND PARK	SUNRISE, FL. 33351
D	MARGARITA RIOS	8411 W. OAKLAND PARK	SUNRISE, FL. 33351
D	CHUCK HEMPHILL	8411 W. OAKLAND PARK	SUNRISE, FL. 33351
D	KEN SALOMONE	8411 W. OAKLAND PARK	SUNRISE, FL. 33351
V/D	GIOCONDA A. THOMSON	8411 W. OAKLAND PARK	SUNRISE, FL. 33351

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)(l), 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/17/02 877-263-3030 Daytime Phone #

CR2E081 (9/04)

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

January 17 2002

Re: CGRN Distributors Corporation - P98000080034

To Who It May Concern:

Enclosed is our Uniform Business Report for 2001 and 2002.

We are requesting a reinstatement of our corporation. We were unaware that the corporation was dissolved until we attempted to file for a fictitious name registration today.

Our offices moved last year and we notified the division and other government agencies to update their records to reflect our new address.

We never received our annual filing documents and this appears to be the reason we did not submit our annual report. We are asking that the penalty be waived due to not receiving the annual report in the mail, and are enclosing \$300.00 for filing fees for 2001 and 2002.

If there are any questions, I can be reached at 877.263.3030.

Sincerely,

Robert W. Thomson



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