

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 98000082249

1. Corporation Name

CENTER-ONE DISTRIBUTION CO.

2. Principal Office Address

6230 PEMBROKE RD.

Suite, Apt. #, etc.

3. Mailing Office Address

6230 PEMBROKE RD

Suite, Apt. #, etc.

City & State

MIRAMAN - FL

City & State

MIRAMAN - FL

Zip

33023

Country

USA
(BROWARD)

Zip

33023

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/98

5. FEI Number

65-0864761

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

MARGARET L. COELHO

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

330 SW 74 TERRACE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

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

Margaret L. Coelho

Date 10/26/00

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 |
|--------|--------------------------------------|---|----------------------|
| PD | DENISE C. JANUARIO | 330 SW 74TH TERRACE PLANTATION, FL 33317 | PLANTATION, FL 33317 |
| VD | NELSON COELHO | 330 SW 74TH TERRACE | PLANTATION, FL 33317 |
| SD | MARGARET L. COELHO | 330 SW 74TH TERRACE | PLANTATION, FL 33317 |
| TD | LUIZ R. JANUARIO | 330 SW 74TH TERRACE | PLANTATION, FL 33317 |
| | | | |
| | | | |

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: Margaret L. Coelho

MARGARET L. COELHO

Date

10/26/00

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)

P9882249 Page 2
Pg. 2

October 26, 2000

Florida Department of State
Division of Corporations
Tallahassee, FL 32314

Re: Center-One Distribution Co. FEI# 65-0864761

Please accept our apologies for the following: a few months ago our accountant sent us, by mail, the 2000 Uniform Business Report to be signed and sent to your dept. along with a \$150.00 payment. We were not aware of this mailing everything just seemed in order until few days ago when going over some documents we realized that we never received nor consequently we never submitted this form..

At this time we called your dept. and we were informed that our corporation had been dissolved but due to the facts, we were advised to send the form that was being sent to us along with this letter explaining the circumstances and expecting that you would understand and accept our report and reinstate our corporation.

Therefore, please find attached the corporation reinstatement form along with a check of \$150.00 for the original annual fee.

We sincerely apologize for this situation but would appreciate any and all cooperation.

Best regards,

Margaret L. Coelho

Margaret L. Coelho

Any question please call collect at 954.965.8330