

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine
Secretary of State

DIVISION OF CORPORATIONS

FILED

Apr 05 2000 8:00 am
Secretary of State

DOCUMENT # P98000086892

1. Corporation Name

Deluxe Distributors East, Inc.

2. Principal Office Address

9836 Sandalfoot Blvd

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33428

Country

3. Mailing Office Address

142 West 57th Street

Suite, Apt. #, etc.

City & State

New York N.Y.

Zip

10019

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1998

5. FEI Number

22-3611851

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

Gary Richard ✓

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

2701 Lejeune Rd

Suite, Apt. #, Etc.

Suite 405

City

Coral Gables FL

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

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
1.	<u>OZER JOSEPH</u>	<u>142 West 57 St. NY NY 10019</u>	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

262 459-9700

Daytime Phone #

CR2E081 (9/99)

pg. 2 of 2

**Deluxe Distributors East, Inc.
142 West 57th Street, 16th Street
New York, N.Y. 10019**

March 21, 2000

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32314

To Whom It May Concern:

In accordance with our discussions with one of your representative, we discovered that Deluxe Distributors East, Inc.'s 1999 Corporation Annual Report Form was mailed to (9836 Sandalfoot Blvd., Boca Raton, FL 33428.). Unfortunately, Deluxe Distributors East, Inc. current mailing address is (142 West 57th Street, New York, NY-10019) — therefore Deluxe did not file the form on time. Attached is the following: 1999 Corporations Reinstatement Form (Completed) and \$300.00 check for 1999 Corporations Reinstatement Form Fee. Please waive any other charges.

In addition, we are also mailing a check for \$150.00 for 2000 Corporations Annual Report that is due May 2000. Please mail me a copy of the 2000 Corporation Annual Report to the above address.

Thank you for all of your courtesies. Please do not hesitate to contact me if you have any questions or comments regarding anything contained herein.

Joseph Ozer



Director

Enclosed