

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 22 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000091502**

1. Corporation Name  
**DADE DISTRIBUTION CENTER, INC.**

Principal Place of Business Mailing Address

**1620 NW 82 AVE  
MIAMI, FL 33126**

**REINSTATEMENT**

*PPN*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>10/20/98</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0873575</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75. A fee of \$6.75 is required for a Certificate of Status.	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	ELIBERTO SOCARRAS JR.	8547 SW 109 AVE	MIAMI, FL. 33173
VICE PRES.	MAURICIO RESTREPO	12220 SW 70 COURT	MIAMI, FL. 33156.

**300003028963-8**  
-10/29/99--01016--011  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMEIRA AVE.  
CORAL GABLES, FL. 33134**

9. Name and Address of New Registered Agent

Name **ELIBERTO SOCARRAS JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8547 SW 109 AVE.**  
Suite, Apt. #, Etc.  
City **MIAMI** State **FL** Zip Code **33173**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

*ES Socarras*

REGISTERED AGENT MUST SIGN

Date **10/13/99.**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

**KE**

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELIBERTO SOCARRAS JR.**

Date

**10/13/99**

Daytime Phone #

**305 593-6575**

CR2061 (12/98)