

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

P98000093590

1. Corporation Name

CCV DISTRIBUTORS, INC

**2. Principal Office Address**

2531 NW 72nd AVE

Suite, Apt. #, etc.

B

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

**3. Mailing Office Address**

2531 NW 72nd AVE

Suite, Apt. #, etc.

B

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

FILED

06 MAR 14 PM 3:14

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03/20/06--01027--001 \*\*493.75

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

NOVEMBER 4, 1988

**5. FEI Number**

65-0874739

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

MAURICIO J. CABRERA

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

11801 SW 92nd LANE

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33186

**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 3/9/06

**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	CABRERA MAURICIO JOSE	2531 NW 72nd AVE SUITE B	MIAMI, FLORIDA 33122
D	CABRERA ANA SOFIA	2531 NW 72nd AVE SUITE B	MIAMI, FLORIDA 33122

**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 contained in Chapter 119, 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

Date

3/9/06

Daytime Phone #

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**CCV Distributors Inc**

2531-B NW 72<sup>nd</sup> Avenue  
Miami, FL 33122  
Tel: 1 305 463 5353 Fax: 1 305 463 5353

Thursday, March 09, 2006

Department of State, Florida  
Corporation, Division of  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

REF: Corporation Reinstatement  
Document No: P 98000093590  
Request: Fees waived

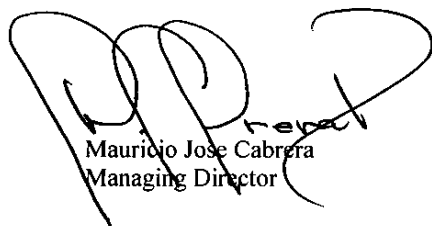
Dear Sir(s):

Enclosed please find a Corporation Reinstatement Application for the above referred Corporation and Document number. Please be advised that in order to comply with the Uniform Business Report (UBR) we did submit as of 04/15/03 the annual report indicating a change in the address. The change took place as indicated; however, the renewal forms for the following years 2004, 2005 and 2006 were not received at the indicated address.

For such a reason I am hereby requesting the Waived of the fees for the year from which the corporation was administratively dissolved to this date

I am hereby enclosing a check in the amount of USD\$ 493.74 which include the payment for the renewal for each year (USD\$ 150.00 for 2004, USD\$ 150.00 for 2005 and USD\$ 193.75 for 2006) including the fees for a Certificate of Status, and the registration of the new Registered agent.

I will highly appreciate as you do act accordingly and provide us with the new Certificate of Status.

  
Mauricio Jose Cabrera  
Managing Director