

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 4:42

DOCUMENT # P98000097673

1. Corporation Name

Neworld Distributors, Inc.

2. Principal Office Address

8811 Fountainbleu Blvd

Suite, Apt. #, etc.

Ste 308

City & State

Miami, FL

Zip

33172

Country

USA

3. Mailing Office Address

8811 Fountainbleu Blvd

Suite, Apt. #, etc.

Ste 308

City & State

Miami

Zip

33172

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1998

5. FEI Number

65-0876726

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

Rubens Oliveira

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

8811 Fountainbleu

Suite, Apt. #, Etc.

Ste 308

City

Miami

600003533608--8

-01/11/01--01100--021

****750.00 ****750.00

State

FL

Zip Code

33172

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/27/00

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	Rubens Oliveira	8811 Fountainbleu Blvd Ste 308	Miami, FL 33172

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]

Rubens Oliveira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/00

Date

(305) 221-0206

Daytime Phone #