

**2009 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P99000021311

1. Entity Name
LINEAR DISTRIBUTORS, INC.



Principal Place of Business
5201 NW 77TH AVENUE
SUITE 200
MIAMI, FL 33166 US

Mailing Address

5201 NW 77TH AVENUE
SUITE 200
MIAMI, FL 33166 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01202009 REIN-P CR2E098 (1/07)

4. FEI Number
65-0905049

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, MARCOS J
10605 SW 82ND AVE
MIAMI, FL 33156-3605

Name MARCOS J. QUINTERO

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

5201 NW 77th AVE SUITE 200
MIAMI FL 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Marcos J. Quintero*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 1-20-09

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS QUINTERO, MARCOS J 10605 SW 82ND AVENUE MIAMI, FL 331563605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUAREZ, FERNANDO J 8900 SW 85TH AVENUE MIAMI, FL 331563605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcos J. Quintero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-09

Date

Daytime Phone #