

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # PC9000025409

1. Corporation Name
Quezada Distribution Inc

2. Principal Office Address
8660 S.W. 149 Ave
 Suite, Apt. #, etc.
205
 City & State
Miami, FL
 Zip Country
33193 Dade

3. Mailing Office Address
8660 S.W. 149 Ave
 Suite, Apt. #, etc.
205
 City & State
Miami, FL
 Zip Country
33193 Dade

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 SEP 25 PM 2:31

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business In Florida
MAY, 2000

5. FEI-Number
05-09054843 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
Eufemio Quezada

Street Address (P.O. Box Number is Not Acceptable)
8660 S.W. 149 Ave #205

Suite, Apt. #, Etc.
205

City
Miami

State Zip Code
FL 33193

300004617143-2
 -10/01/01--01020--002
 ****900.00 ****900.00

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] Date 8/22/01

REGISTERED AGENT MUST SIGN

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/D	EUFEMIO QUEZADA	8660 SW 149 AVE #205	MIAMI FL 33193
S/D	ROBINSON J. QUEZADA	8660 SW 149 AVE #205	MIAMI FL 33193

[Signature]

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] Date 8/22/01 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)