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
TALLAHASSEE, FLORIDA
01 NOV -5 PM 2:56

DOCUMENT # P99000044777

REINSTATEMENT 00-01

1. Corporation Name

DLN Distribution, Inc.

2. Principal Office Address	3. Mailing Office Address
45 NE 45 Street	45 NE 45 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida 33137	City & State: Miami, Fl 33137
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05-17-99

5. FEI Number: 65-0920363 ☐ 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: Fernandez, Gustavo

Street Address (P.O. Box Number Is Not Acceptable): 45 NE 45 Street

Suite, Apt. #, Etc.:

City: Miami, State: FL, Zip Code: 33137

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****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 _____ Date Nov 1, 2001

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
Pres	Fernandez, Gustavo	45 NE 45 Street	Miami, Florida 33137

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: Gustavo Fernandez 11/1/01 305-576-2765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #