

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

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

FILED

02 DEC -4 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000047141

1. Corporation Name

FARES DISTRIBUTORS, INC

2. Principal Office Address

5741 N.W. 62ND MANOR

Suite, Apt. #, etc.

5741

City & State

PARKLAND, FLORIDA

Zip

33067

Country

BROWARD

3. Mailing Office Address

5741 N.W. 62ND MANOR

Suite, Apt. #, etc.

5741

City & State

PARKLAND, FLORIDA

Zip

33067

Country

BROWARD

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

5/20/1999

5. FEI Number

65-0922597

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.70 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FARES, AYED

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

5741 N.W. 62ND MANOR

Suite, Apt. #, Etc.

5741

City

PARKLAND

State Zip Code

FL

33067

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 11/18/2002

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 / Street / Zip
D	FARES, AYED	5741 N.W. 62ND MANOR	PARKLAND, FL 33067

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/2002

Date

Daytime Phone #

12/5

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315
Boca Raton, Fl. 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, Fl. 33429
FAX: (561) 394-5134

National Society of Tax Professional

November 30, 2002

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

REF: FARES DISTRIBUTORS, INC
Annual Report P99000047141

Dears Sirs,

The above referenced corporation has never received any notices before at all. We are enclosing a report and a check in the amount of \$ 150,00 for 2002. Please accept this annual report as reinstatement.

Although we would like to verify our correct address currently is the right as we show I the annual report form.

Thank you for your cooperation in this matter.

If you have further questions, please do not hesitate to contact us.

Sincerely,


Andre K. Kattoura