

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED / JC
04 OCT 27 2004
3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000047141

1. Corporation Name

FARES DISTRIBUTORS, INC.

5741 NW 62ND MANOR
5741 NW 62ND MANOR

2. Principal Office Address

5741 NW 62ND MANOR

Suite, Apt. #, etc.

3. Mailing Office Address

5741 NW 62ND MANOR

Suite, Apt. #, etc.

City & State

PARKLAND, FL

City & State

PARKLAND, FL

Zip

33067

Country

Zip

33067

Country

REINSTATEMENT 04

4. Date Incorporated or Qualified

To Do Business in Florida 05/20/1999

5. FEI Number
65-0922597

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

FARES AYED

Street Address (P.O. Box Number is Not Acceptable)
5741 NW 62ND MANOR

Suite, Apt. #, Etc.

City

PARKLAND

State
FL

Zip Code
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

Date 10/17/2004

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
D	FARES AYED	5741 NW 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:

10/17/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

pg 2 of 2

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

1499 West Palmetto Pk Rd
Suite 416
Boca Raton, FL 33486
TEL: (561) 362-0491

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

National Society of Tax Professional

October 20, 2004

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

REF: FARES DISTRIBUTORS, INC.
DOCUMENT #P99000047141

Dears Sirs,

The above referenced corporation has never received any notices before at all. We are enclosing the report and a check in the amount of \$ 150.00 and 2004. Please accept this annual report as reinstatement.

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

Thank you for your cooperation in this matter.

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

Sincerely


Andre K Kattoura

Enclosure (s)

Check \$ 150.00 Annual Report 2004.