

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -3 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000047927

1. Corporation Name

PLUS DISTRIBUTOR GROUP, INC.

2. Principal Office Address

8181 N.W. 36 St,

Suite, Apt. #, etc.

17-C

City & State

MIAMI, FL.

Zip

33166

Country

3. Mailing Office Address

8181 N.W. 36 ST.

Suite, Apt. #, etc.

17-C

City & State

MIAMI, FL.

Zip

33166

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0921901

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

SANDOVAL, JAVIER

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

8181 N.W. 36th ST.

Suite, Apt. #, Etc.

17-C

City

MIAMI

State
FL

Zip Code
33166

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 X

Date 04-30-01

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
DPS	SANDOVAL, JAVIER	8181 N.W. 36th ST. 17-C	MIAMI, FL. 33166
V-PT	SALINAS, YOLANDA	8181 N.W. 36th ST. 17-C	MIAMI, FL. 33166

SP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-01

Date

305-597-6660

Daytime Phone #

CR2E081 (9/99)