

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 29 AM 8:54

DOCUMENT # P99000071209

1. Corporation Name

BSD DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

21394 MARINA COVE CIRCLE
#15-H
AVENTURA, FL 33180

21394 MARINA COVE CIRCLE
#15-H
AVENTURA FL 33180



REINSTATEMENT

00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

20355 NE 34 COURT
Suite, Apt. #, etc.
729

City & State
AVENTURA - FL - 33180

Zip
33180

Country
USA

3. New Mailing Office Address, if Applicable

20355 NE 34 COURT
Suite, Apt. #, etc.
729

City & State
AVENTURA FL

Zip
33180

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1999 SP

5. FEI Number

65-0939973

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	ICHILEVICI, BENY	19390 COLLINS AVENUE #202A	MIAMI FL 33160
VD	ICHILEVICI, ILAN	19390 COLLINS AVENUE #202A	MIAMI FL 33160

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****900.00 ****900.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name BENY ICHILEVICI
Street Address (P.O. Box Number is Not Acceptable)
20355 NE 34 COURT
Suite, Apt. #, Etc.
729
City AVENTURA
State FL Zip Code 33180

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03/05/01

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

BENY ICHILEVICI

Date

03/05/01

Daytime Phone #

917-355-1608

CR2E040 (8/00)