

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 PM 2:58

DOCUMENT # P99000071318

1. Corporation Name

DISTRIBUTION
MANAGEMENT
GROUP, INC.

REINSTATEMENT 04-06

2. Principal Office Address

13687 SW 26 ST

3. Mailing Office Address

13687 SW 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33175

Country

USA

Zip

33175

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/99

5. FEI Number

650574760

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

CARLOS F. GUTIERREZ

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

13687 SW 26 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

[Signature]

Date 03/18/06

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
P	JOSE CLAUDIO	13687 SW 26 ST	Miami FL 33175

100069060011

03/30/06--01054--015 **450.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/18/06

Daytime Phone #

DISTRIBUTION MANAGEMENT 24/2
GROUP, INC.

13687 SW 26 ST
MIAMI, FL 33173

03/18/06

Division of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

This letter is to inform you that we never received the original forms for Annual Report to be file before May 1st, 04 and neither the Note of Dissolution, because on the first months of year 04 we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail, also we move our office to a new address and the Post Office never did the delivery of the form, and by the same reason the Annual Report for the following years 04, 05, 06 were not received. I will appreciate very much if you accept our check in the amount of \$450 as payment of the Corporation Uniform Business Report for year: 04, 05, 06.

I thank you for your cooperation to resolve this matter.

Sincerely your:

José Clouiso
President
