

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -9 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 990000 74029**

1. Corporation Name

Centeno Distributor, INC

REINSTATEMENT 03-04

000028412290
02/09/04--01049--013 **300.00

2. Principal Office Address

9591 Fontainebleau Blvd

3. Mailing Office Address

9591 Fontainebleau Blvd

Suite, Apt. #, etc.

2-101

Suite, Apt. #, etc.

2-101

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

Zip

33172

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0942429

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

Rito A. Centeno

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

9591 Fontainebleau Blvd

Suite, Apt. #, Etc.

2-101

City

MIAMI

State

FL

Zip Code

33172

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]

REGISTERED AGENT MUST SIGN

Date **02-03-04**

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
PSTD	Rito A. Centeno	9591 Fontainebleau Blvd # 2-101	MIAMI, FL 33172
VP	MARIA E. Calero Valle	9591 Fontainebleau Blvd # 2-101	MIAMI, FL 33172

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

[Signature]

Date

02-03-04

Daytime Phone #

CR2E081 (01/04)