

# APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC 22 AM 11:11

DOCUMENT # **P99000094476**

1. Corporation Name  
**PURE SOURCE IMPORTERS, INC.**

Principal Place of Business	Mailing Address
2950 PALM AIRE DRIVE, SUITE 501 POMPANO BEACH FL 33069	2950 PALM AIRE DRIVE, SUITE 501 POMPANO BEACH FL 33069



**REINSTATEMENT** 08

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/27/1999	
City & State		City & State		5. FEI Number	
Zip		Country		650958061	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTD	DISPENZA, ROBERT M	2950 PALM AIRE DRIVE, SUITE 501	POMPANO BEACH FL 33069
VSD	TOMINELLI, JOHN	2950 PALM AIRE DRIVE, SUITE 501	POMPANO BEACH FL 33069

600003529306-1  
01/09/01-01036-010  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name <b>Robert M. Dispenza</b> Street Address (P.O. Box Number is Not Acceptable) <b>2950 Palm Aire Dr N 501</b> Suite, Apt. #, Etc. City <b>Pompano Beach</b> State <b>FL</b> Zip Code <b>33069</b>	

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 **Robert M. Dispenza** **SIGNATURE REQUIRED** Date **12/21/00**  
REGISTERED AGENT MUST SIGN

11. 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: **Robert M. Dispenza Pres.** **SIGNATURE REQUIRED** Date **12/21/00** Daytime Phone # **954-977.3780**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert M. Dispenza Pres.**