


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
06 DEC 21 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096038

1. Corporation Name

FRC DISTRIBUTORS, INC

2. Principal Office Address

117 W ALEXANDRE ST

3. Mailing Office Address

117 W ALEXANDRE ST

Suite, Apt. #, etc.

146

Suite, Apt. #, etc.

146

City & State

PLANTCITY, FL

City & State

PLANTCITY, FL

Zip

33563

Country

USA

Zip

33563

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1999

5. FEI Number

APPLY FOR

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
FRANCISCO R CARABALLO

Street Address (P.O. Box Number is Not Acceptable)
11950 MISSION CIRCLE

Suite, Apt. #, Etc.

104

City

SEMINOLE

State

FL

Zip Code

33772

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

Francisco R. Caraballo

REGISTERED AGENT MUST SIGN

Date 12/06/2006

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
PTS	DANIEL JIMENEZ	117 W ALEXANDRE ST # 146	PLAN CITY, FL 33563
	<i>12/22</i>		000082709100 12/21/05--01029--025 **1650.00

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 contained in Chapter 119, 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

12/6/06

Date

12/06/2006

Daytime Phone #