

PLEASE READ ALL INSTRUCTIONS

COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE  
Gle. Secretary  
DIVISION OF CORPORATIONS

FILED  
04 FEB 10 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

1. DOCUMENT # L00000015927  
Name and Mailing Address

0004398 01 AT 0.292 \*\*AUTO T9 0 0615 33009-443260  
CAMAR DISTRIBUTION, LLC  
1160 E. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009-4432



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/21/2000	
Principal Place of Business 1160 E. HALLANDALE BEACH BLVD. HALLANDALE FL 23009	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1062671 Applied For Not Applicable
8. Name and Address of Current Registered Agent BERKOWITZ, RICHARD A ONE SE THIRD AVE., 15TH FLOOR MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 400024186774	
		10/28/03--01010--020 **150.00	
		City	Zip Code FL

CR2E034 (7/03)

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 1/27/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SZERER, ROBERTO	1160 E. HALLANDALE BEACH BLVD.	HALLANDALE FL 23009
MGRM	DURCHFORT, RONALD	1160 E. HALLANDALE BEACH BLVD.	HALLANDALE FL 23009
			400024186774 02/23/04--01088--001 **50.00
			REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager REGISTERED AGENT MUST SIGN Date Daytime Phone #

Typed or printed name of signing Managing Member/Manager