

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY -1 PM 3:20

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200103190912
05/24/07--01019--002 **600.00

DOCUMENT # P03000003272

1. Corporation Name

Travis Distributing, Inc.

REINSTATEMENT 04-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
710 Sunningdale Cove

3. Mailing Office Address
710 Sunningdale Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Niceville, FL

City & State
Niceville, FL

Zip
32578

Country
USA

Zip
32578

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
01-08-2003

5. FEI Number
81-0597208

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
Joshua M. Mittenthal, ESQ

Street Address (P.O. Box Number is Not Acceptable)
5499 N Federal Hwy

Suite, Apt. #, Etc.
Suite K

City
Boca Raton

State
FL

Zip Code
32487

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **04-12-2007**

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
	Michael L. Travis, Jr	710 Sunningdale Cove	Niceville, FL 32578
	<i>[Handwritten signature]</i>		

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:

MICHAEL L. TRAVIS, JR 4-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 240-4318