

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000061606

**FILED**  
**Jun 26, 2013**  
**Secretary of State**

**Entity Name:** 15TH STREET DISTRIBUTORS, INC.

**Current Principal Place of Business:**

1150 HILLSBORO MILE APT 301  
HILLSBORO BEACH, FL 33062

**New Principal Place of Business:**

C/O BULLARD LAW GROUP, PLLC  
225 OLD COUNTRY ROAD  
MELVILLE, NY 11747

**Current Mailing Address:**

1150 HILLSBORO MILE APT 301  
HILLSBORO BEACH, FL 33062

**New Mailing Address:**

C/O BULLARD LAW GROUP, PLLC  
225 OLD COUNTRY ROAD  
MELVILLE, NY 11747

**FEI Number:** 01-0876544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FILINGS, INC.  
3732 NW 16TH ST  
FT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICIA M. RICE

06/26/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: POZO, JORGE  
Address: 225 OLD COUNTRY ROAD  
City-St-Zip: MELVILLE, NY 11747

Title: DVP  
Name: RUIZ DE GAMBOA, MATIAS I  
Address: 225 OLD COUNTRY ROAD  
City-St-Zip: MELVILLE, NY 11747

Title: DST  
Name: RUIZ DE GAMBOA, CECILIA A  
Address: 1150 HILLSBORO MILE APT301225 OLD COUNTRY  
City-St-Zip: MELVILLE, NY 11747

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORGE POZO

DP

06/26/2013

Electronic Signature of Signing Officer or Director

Date