2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 467061

FILED May 09, 2007 Secretary of State

Entity Name: V. B. BROWN, DISTRIBUTOR, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
501 EAST HOWARD STREET P.O. BOX 277 LIVE OAK, FL 32060			501 EAST HOWARD S LIVE OAK, FL 32060	501 EAST HOWARD STREET LIVE OAK, FL 32060	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX : LIVE OAK,	277 FL 32064	US			
FEI Number:	: 59-1564473	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BROWN,V 1232 IRVIN LIVE OAK,		US	BROWN, VELMON B 1232 IRVIN AVE LIVE OAK, FL 32060	US	
	named entity of Florida.	/ submits this statement for the ρ	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATURE: VELMON B BROWN				05/09/2007	
	Electro	onic Signature of Registered Age	ent	Date	
Election Car	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (BROWN, MIC 1712 WILSHI LAKELAND, F	RE CT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PTD (BROWN, V B 1232 IRVIN A LIVE OAK, FI	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD (BROWN, LOU 1232 IRVIN A LIVE OAK, FL	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D BROWN, GR)Delete EGORY H,	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VELMON B BROWN 05/09/2007 **VSD**

7486 129TH ROAD

LIVE OAK, FL 32060 US

Address:

City-St-Zip: