PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1994

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

94 OCT -5 PM 1:32

DOCUMENT # 558331

1. Corporation Name

TOTAL DISTRIBUTION SYSTEMS INC.

Mailing Address	Principal Place of Business
1111 IMESON PARK BLVD JACKSONVILLE FL 32218	1111 IMESON PARK BLVD JACKSONVILLE FL 32218

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, if Applicable	3. New Principal Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/27/1978

5. FEI Number: 59-1797190

6. CERTIFICATE OF STATUS (if desired) — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and or Directors 2	Street Address of Each Officer and or Director 3 (Do NOT Use Post Office Box Numbers)	City, State, Zip 4
~~STD~~ STV	DUNCAN, BRIAN R	301 TILLSON AVE.	TILLSONBURG, CAN 00000
~~D~~ V	OUTERSON, DAVE	1111 IMESON PARK BLVD	JACKSONVILLE, FL 00000
~~PD~~ DC	LOGAN, THOMAS	301 TILLSON AVE	TILLSONBURG, CAN
D	Daniels, Terrence	230 East High St	Charlottesville, Virgina
DV	Harvey, Edward	230 East High St	Charlottesville Virginia
P	Dodd, Andrew	301 Tillson Ave	Tillsonburg, Can

8. Name and Address of Current Registered Agent

WEINSTEIN, IRVIN M
1300 GULF LIFE DRIVE
JACKSOVILLE FL 32207

9. Name and Address of New Registered Agent

Name

Street Address, P.O. Box Number, C/A Designation

Suite, Apt. # (if)

City FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0501, F.S.

Signature of Registered Agent: [signature] Date: 9/29/94
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ]

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). I release the Division of Corporations from any liability for non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in Chapter 607 or Ch. F.S. I further certify that to the extent applicable to 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., and all fees owed by the corporation 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: [signature] BRIAN R. DUNCAN Date: 2/94 Daytime Phone: 519 842 4241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0083107 FP