PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 91-99 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 28 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #623571

1. Corporation Name

SOUTHERN DISTRIBUTION SERVICE, INC.

900002999179--2

Principal Place of Business	Mailing Address
211 HOWARD STREET EAST LIVE OAK, FL 32064	P.O. BOX 370 LIVE OAK, FL 32064

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

REINSTATEMENT 91-99

2. New Principal Office Address, if Applicable	3. New Mailing 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: MAY [illegible] CHARTER # 623571 SP

5. FEI Number: 59-1963252 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MANTHA A. YOUNG	2875 WEST DUVAL	LAKE CITY, FL 32055

8. Name and Address of Current Registered Agent

MANTHA A. YOUNG
3205 WEST DUVAL STREET
LAKE CITY, FL 32055

9. Name and Address of New Registered Agent

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.:
City: TALLAHASSEE | State: FL | Zip Code: 32301

CR2E081 (02/98)

10. I, being appointed the [illegible] agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: John H. Pelletier ASST. VICE PRES. Date: 9/14/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), F.S. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Mantha A. Young 9/6/99 904/755-2917
OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 388934 4332209

AUTHORIZATION : Patricia Pujet

COST LIMIT : $ 1861.25

ORDER DATE : September 27, 1999

ORDER TIME : 10:47 AM

ORDER NO. : 388934-005

CUSTOMER NO: 4332209

CUSTOMER: Ms. Joanne Drogemuller.
The Thomson Corporation
One Station Place
Metro Center
Stamford, CT 06902

DOMESTIC FILINGS

NAME: SOUTHERN DISTRIBUTION
SERVICE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Mimi Stephens

EXAMINER'S INITIALS _____