## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT# 634833**

DANCISIN, MICHAEL J

VERO BEACH, FL 32962

2426 1ST PLACE

Name:

Address:

City-St-Zip:

FILED Oct 17, 2005 Secretary of State

Entity Na	me: P&FDIS	TRIBUTORS, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4366 US # VERO BE	:1 ACH, FL 3296	7				
Current Mailing Address:			New Maili	New Mailing Address:		
4366 US # VERO BE	:1 ACH, FL 3296	7				
FEI Number	: 59-1951223	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
4366 US#	A, WALLY R 11 ACH, FL 32961	7 US				
	e named entity s e of Florida.	submits this statement for the	purpose of changing it	ts registered office or registered agent, or both,		
SIGNATUI	RE: WALLY R	BANDURA				
	Electron	ic Signature of Registered A	gent	Date		
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () BANDURA, JUD 7591 15TH STR VERO BEACH,	REET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P () BANDURA, WAI 7591 15TH STR VERO BEACH,	REET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () BANDURA, JUD 1591 15TH STR VERO BEACH,	REET	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition BANDURA, JUDITH C 7591 15TH STREET VERO BEACH, FL 32966		
Title:	V ()	Delete	Title:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL J DANCISIN 10/17/2005 ٧