

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 13 PM 3:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 835534

1. Corporation Name

Associated Distributors, Inc.

2. Principal Office Address

1690 Northeast Expwy NE

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30329-2003

Country

USA

3. Mailing Office Address

1690 Northeast Expwy NE

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30329-2003

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida December 3, 1975

5. FEI Number

58-0911276

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mary Adams

Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Schedule Attached		

10. 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. 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: E. A. Crosta Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-2000

Date

404-287-4765

Daytime Phone #

KE

CP2E081 (9/99)

OFFICERS AND DIRECTORS
ASSOCIATED DISTRIBUTORS, INC.

E. I. # 58-0911276
Florida Document # 835534
June 28, 2000

C,P,D	G. Vincent West	Chairman of the Board, President, Director
V,S,T,D	Edward A. Crosta	Senior Executive Vice President, Secretary, Treasurer, Director
D	Frank L. Wilson, III	Director
V	Mack Smith	Senior Vice President
V	George Nielson	Senior Vice President
V	Bob Rosser	Senior Vice President
V	Jerry Cody	Senior Vice President
V	Taera DeFreese	Vice President – Financial Information Systems
V	Judy White	Vice President – Store Systems Support
V	Maryland Barfield	Assistant Vice President
V	Johanna Moye	Assistant Vice President
V	Gary Paskon	Assistant Vice President – Product Line Manager

The address of all officers and directors is:

1690 Northeast Expressway, NE
Atlanta, GA 30329-2003