

2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # B93000000200

1. Entity Name
NATIONAL DISTRIBUTION CENTERS, L.P., LIMITED
PARTNERSHIP



FILED
SECRETARY
DIVISION
08 JAN 16 AM 8:56

Principal Place of Business
71 WEST PARK AVENUE
VINELAND, NJ 08360

Mailing Address
71 WEST PARK AVENUE
VINELAND, NJ 08360

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008 REIN-LP CR2E100 (1/07)

4. FEI Number
22-3215787

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F93000001828
NAME NATIONAL DISTRIBUTION CENTERS OF DELAWARE
STREET ADDRESS 71 WEST PARK AVENUE
CITY-ST-ZIP VINELAND, NJ 08360

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FRANK DASCHKA

EXEMPTION VISA - PERSONAL / CFO

01-04-08

<856> 794-4930

Date

Daytime Phone #

REINSTATEMENT 07-08

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