


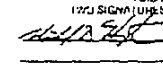


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F00000002361</b> 1. Entity Name <b>EASTERN POULTRY DISTRIBUTORS, INC.</b>						<b>FILED</b> <b>04 NOV -9 PM 4: 38</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>5-200490007-012 1500</b> 	
Principal Place of Business <b>100 WEST JOHN ROBERT THOMAS DRIVE EXTON, PA 19341</b>				Mailing Address <b>100 WEST JOHN ROBERT THOMAS DRIVE EXTON, PA 19341</b>			
2. Principal Place of Business <b>128 John Robert Thomas Dr</b>		3. Mailing Address <b>P.O. Box 1299</b>		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Exton PA</b>		City & State <b>Exton, PA</b>		4. FEI Number <b>23-1619199</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>19341</b>		Country		Zip <b>19341</b>		Country	
6. Name and Address of Current Registered Agent  <b>EASTERN PAU HAY DISTRIBUTORS, INC 2699 STIRLING ROAD STE C403E FORT LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent Name <b>Henry Buzgon</b> Street Address (P.O. Box Number Not Acceptable) <b>930 S. Southlake Dr.</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33019</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Henry Buzgon</i></u> DATE <u>11/04/04</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ROGER, JEANNE</b> <input type="checkbox"/> Delete <b>100 WEST JOHN ROBERT THOMAS DRIVE EXTON, PA 19341</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rueger, Jeanne</b> <b>128 John Robert Thomas Dr.</b> <b>Exton, PA 19341</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>RUEGER, THOMAS E</b> <input type="checkbox"/> Delete <b>100 WEST JOHN ROBERT THOMAS DRIVE EXTON, PA 19341</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rueger, Thomas</b> <b>128 John Robert Thomas Dr.</b> <b>Exton, PA 19341</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete <b>HENRY, BUZGON</b> <b>100 WEST JOHN ROBERT THOMAS DR EXTON, PA 19341</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete <b>THADDEUS, ESHELMAN O</b> <b>100 WEST JOHN ROBERT THOMAS DR EXTON, PA 19341</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Haggerty, Michael</b> <b>128 John Robert Thomas Dr</b> <b>Exton, PA 19341</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Michael Haggerty</i></u> DATE <u>11/03/04</u> DAYTIME PHONE # <u>610-594-5000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

		NATIONAL PENN BANK 80-878-813		44045789 169492
P.O. Box 1219 - Ocean, PA 19311-0219		DATE 5/17/04	AMOUNT \$150.00	
PAY One Hundred Fifty Dollars and 00 Cents				
TO THE ORDER OF	Florida Department of State Division of Corporations P O Box 1500 Tallahassee FL 32302-1500		VOID AFTER 6 MONTHS (20) SIGNATURES REQUIRED OVER \$100,000.00 	
⑆169492⑆ ⑆031308784⑆		8199086⑆	⑈0000015000⑈	

0310521642 05252004 03100040 FRN-PA DEP 25 2004 INC ENT=1342 JDC=142505600100	MAY 20 2004 DEPARTMENT OF STATE FOR DEPOSIT ONLY ACCT. # 103068789
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BANK OF AMERICA, N.A. JAX  
 156224474 EMM 05/17/04  
 6540123368

Check 169492, Date 5/25/2004, Amount \$150.00



# *EASTERN*

A LEADER IN WHOLESALE FOOD DISTRIBUTION

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Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Doc # F00000002361

Dear Div. of Corporations:

I submit a reinstatement form as I was instructed to do by your department. I was told to submit a copy of both sides of the check that was originally filed when the return was filed timely. Please reinstate our Company and update our information as stated on the attached form. Thank you in advance for your help in this matter.

Sincerely,

Michael D. Hagarty  
VP/Controller