2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000002842

1. Entity Name
SYX DISTRIBUTION INC.

FILED
09 JAN -6 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
175 AMBASSADOR DR NAPERVILLE, IL 60540	7795 WEST FLAGLER ST MIAMI, FL 33144

REINSTATEMENT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	7795 W Flagler Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 35
City & State	City & State Miami FL
Zip / Country	Zip 33144 / Country USA

4. FEI Number
20-0802393
☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name: Michael Gaffney Street Address (P.O. Box Number is Not Acceptable): 7795 W. Flagler Street Suite 35 City: Miami **FL** Zip Code: 33144

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: Michael Gaffney Michael Gaffney - Controller TigarDirect 12-31-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LEEDS, RICHARD 11 HARBOR PARK DR PORT WASHINGTON, NY 11050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400139772694 01/06/09--01090--012 **158.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIORENTINO, GILBERT 7795 WEST FLAGLER MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DUNNE, JOE 7795 WEST FLAGLER MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$3,114 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REINHOLD, LARRY 11 HARBOR PARK DR PORT WASHINGTON, NY 11050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUSH, CURT 11 HARBOR PARK DR PORT WASHINGTON, NY 11050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: _____ 12-31-08 (305) 415-2433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #