

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000003281

Entity Name: PRICHARD'S DISTILLERY, INC.

FILED
Feb 21, 2007
Secretary of State

Current Principal Place of Business:

11 KELSO SMITHLAND ROAD
KELSO, TN 37348

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100
KELSO, TN 37348

New Mailing Address:

FEI Number: 62-1718338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMBALL, SARAH
808 NE 18TH AVE, #2
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

KIMBALL, SARAH
513 89TH AVENUE NORTH
ST. PETERSBURG, FL 33702 US

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.

SIGNATURE: SARAH KIMBALL

02/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: PRICHARD, PHILIP
Address: 53 WEST STEPHENS CREEK RD
City-St-Zip: KELSO, TN 37348

Title: VT () Delete
Name: PRICHARD, CONSTANCE
Address: 53 WEST STEPHENS CREEK RD
City-St-Zip: KELSO, TN 37348

Title: S () Delete
Name: ROOT, CLAIRE
Address: 127 TODDY HOLLOW RD
City-St-Zip: FAYETTEVILLE, TN 37334

Title: VC () Delete
Name: CRAFT, FRANK
Address: 3759 S GALLOWAY DR
City-St-Zip: MEMPHIS, TN 38117

Title: D () Delete
Name: COLE, CHARLES E SR
Address: 8323 HIGHWAY 51N
City-St-Zip: MILLINGTON, TN 38053

Title: D () Delete
Name: TOWNE, RICHARD DR
Address: 6369 WYNFREY PLACE
City-St-Zip: MEMPHIS, TN 38120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KUSEN, JANE
Address: 22 BUGGER HOLLOW ROAD
City-St-Zip: FAYETTEVILLE, TN 37334

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CONSTANCE PRICHARD

VT

02/21/2007

Electronic Signature of Signing Officer or Director

Date