

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **FD400004236**

1. Corporation Name

PA Distribution, Inc.

2. Principal Office Address

**800 Fairway Drive
295**

3. Mailing Office Address

**a/o Jakes Pacific
22619 Pacific Coast Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Malibu, CA.

Zip

33441

Country

US

Zip

90265

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/2004

5. FEI Number

20-1362464

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

Corporation Service Company

200062126982

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

12/13/05--01056--010 *0.00**

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Laura R. Dunlap

**Laura R. Dunlap
as its agent**

Date **12/6/05**

REGISTERED AGENT MUST SIGN

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
CEO	Jack Friedman	22619 Pacific Coast Hwy	Malibu, CA 90265
Pres/sec	Stephen Berman	22615 Pacific Coast Hwy	Malibu, CA 90265
CEO	Joel Bennett	22615 Pacific Coast Hwy	Malibu, CA 90265

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:

Joel Bennett

Joel Bennett

12/02/05

310 455-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #