

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F93000001828

1. Entity Name  
NATIONAL DISTRIBUTION CENTERS OF DELAWARE, INC.



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

Mailing Address  
71 WEST PARK AVENUE  
VINELAND, NJ 08360

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11092004

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

22-3195748

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

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, 2005, 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 P  
NAME VOGEL, JAMES  
STREET ADDRESS 71 W PARK AVE  
CITY-ST-ZIP VINELAND, NJ 08360

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500042751655  
11/15/04--01061--015 \*\*150.00

TITLE VD  
NAME BROWN, BERNARD  
STREET ADDRESS 71 WEST PARK AVENUE  
CITY-ST-ZIP VINELAND, NJ 08360

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPCF  
NAME SZEKER, ERNEST  
STREET ADDRESS 71 WEST PARK AVENUE  
CITY-ST-ZIP VINELAND, NJ

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME KENDALL, BERNICE  
STREET ADDRESS 71 WEST PARK AVENUE  
CITY-ST-ZIP VINELAND, NJ 08360

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BROWN, SIDNEY  
STREET ADDRESS 71 WEST PARK AVENUE  
CITY-ST-ZIP VINELAND, NJ

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK ROSCH, IIIA Exec VP 11/10/04 (856) 691-7000

Date

Daytime Phone #