

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F93000002196

**Entity Name:** MILLS DISTRIBUTORS, INC.

**FILED**  
**Dec 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

610 S SCHILLINGER ROAD  
MOBILE, AL 36695

**New Principal Place of Business:**

**Current Mailing Address:**

610S SCHILLINGER ROAD  
MOBILE, AL 36695

**New Mailing Address:**

**FEI Number:** 63-0920440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLS, WILLIAM W JR.  
3381 BILL METZGER W  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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: WILLIAM W. MILLS, JR.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILLS, WILLIAM W JR  
Address: 30 MAURY DR.  
City-St-Zip: MOBILE, AL 36606

Title: VP  
Name: MILLS, TIMOTHY H  
Address: 7292 CARSON RD.  
City-St-Zip: MOBILE, AL 36695

Title: T  
Name: MILLS, JOHN C  
Address: 5534 NASSAU DR  
City-St-Zip: MOBILE, AL 36608

Title: S  
Name: POLLMAN, MARY M  
Address: 3711 SWANSEA DR  
City-St-Zip: MOBILE, AL 36608

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM W. MILLS, JR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

12/03/2010

\_\_\_\_\_  
Date