

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC -3 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000001722**

1. Corporation Name

Nationmark Merchandising and Distribution Company

2. Principal Office Address

7101 East Slauson Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Commerce, CA

City & State

Zip

90040

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 03/26/1998

5. FEI Number
954672501

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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

[Signature]

Michael E. Jones
Assistant Secretary

Date

11/30/01

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
Pres.	Mark Karella	7101 E. Slauson Ave.	Commerce, CA 90040
VP	Richard Craig	7101 E. Slauson Ave.	Commerce, CA 90040
VP	Gordon Young	7101 E. Slauson Ave.	Commerce, CA 90040
VP	Kyle Wescoat	7101 E. Slauson Ave.	Commerce, CA 90040
Sec.	Lois Petzel	7101 E. Slauson Ave.	Commerce, CA 90040
Controller	Cyndi Hench	7101 E. Slauson Ave.	Commerce, CA 90040

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)(f), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Craig, VP

Date

11/27/01

323) 728-5080

Daytime Phone #