

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F99000002000

FILED
Dec 07, 2004
Secretary of State

Entity Name: COAST CITRUS DISTRIBUTORS, INC.

Current Principal Place of Business:

13855 S.W. 252 STREET
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

13855 S.W. 252 STREET
HOMESTEAD, FL 33032

New Mailing Address:

FEI Number: 95-1628554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREELAND, ISABEL C
13855 S.W. 252 STREET
HOMESTEAD, FL 33032 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCOB () Delete
Name: ALVAREZ, JAMES
Address: 7597 BRISTOW COURT
City-St-Zip: SAN DIEGO, CA

Title: VT () Delete
Name: FREELAND, ISABEL C
Address: 7597 BRISTOW COURT
City-St-Zip: SAN DIEGO, CA

Title: D () Delete
Name: FONSECA, GUSTAVO
Address: 250 EAST FIFTH STREET
City-St-Zip: CINCINNATI, OH

Title: VD () Delete
Name: ALVAREZ, MARGARITA L
Address: 7597 BRISTOW COURT
City-St-Zip: SAN DIEGO, CA

Title: D () Delete
Name: RAYMER, JOEL
Address: 250 EAST FIFTH STREET
City-St-Zip: CINCINNATI, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: STARK, TODD
Address: 250 EAST FIFTH STREET
City-St-Zip: CINCINNATI, OH

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

Title: D (X) Change () Addition
Name: FREYBERGER, KURT
Address: 250 EAST FIFTH STREET
City-St-Zip: CINCINNATI, OH

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ISABEL C. FREELAND

VP

12/07/2004

Electronic Signature of Signing Officer or Director

_____ Date