

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

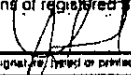
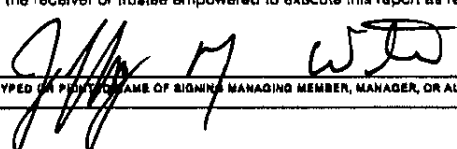
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072011 REIN-LLC CR2E101 (1/07)

DOCUMENT # L09000007285					
1. Entity Name NORTH.FLORIDA DISTRIBUTORS, LLC					
Principal Place of Business 317 EAST PARK AVENUE TALLAHASSEE, FL 32301 US			Mailing Address P.O. BOX 37114 TALLAHASSEE, FL 32315 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOWNSEND, JENNIFER L 317 EAST PARK AVENUE TALLAHASSEE, FL 32301				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 				Jennifer L. Townsend	
Signature typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$377.50				Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILSON, JEFFREY M P.O. BOX 12686 TALLAHASSEE, FL 32317	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000209717920 07/07/11--01004--003 **377.50	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				7/6/11 509-9393	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	