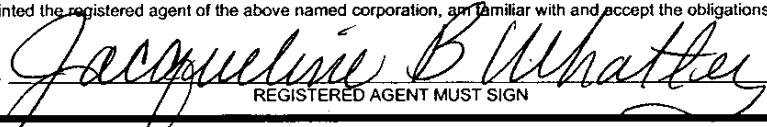
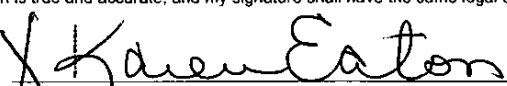


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 MAR 28 PM 5:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L72237				
1. Corporation Name FLORIDA DISTRIBUTING SOURCE, INC.				
2. Principal Office Address 14038 63rd WAY NORTH Suite, Apt. #, etc.		3. Mailing Office Address 14038 63rd WAY NORTH Suite, Apt. #, etc.		
City & State CLEARWATER, FL		City & State CLEARWATER, FL		
Zip 33760	Country USA	Zip 33760	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 05/01/90		5. FEI Number 65-0210502		
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable		
7. Name and Address of Current Registered Agent				
Name JACKIE WHATLEY, ESQUIRE				
Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD.				
Suite, Apt. #, Etc. SUITE 1000				
City TAMPA		State FL	Zip Code 33601	
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 		Date _____		
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	
DTS	EATON, ROBERT K.	14038 63rd WAY N.	CLEARWATER, FL 33760	
DP	EATON, KAREN K.	14038 63rd WAY N.	CLEARWATER, FL 33760	
600050303036 04/11/05--01005--023 **900.00				
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)(i), 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: 		3-3-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E081 (01/05)