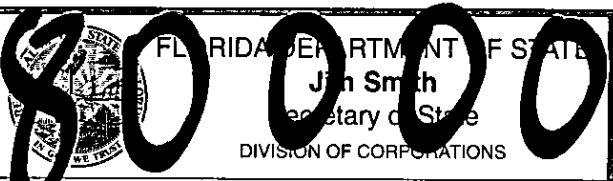


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LA 8000001096

1. DOCUMENT # 98000001096

02 NOV 18 PM 1:38 11/18

REINSTATEMENT

2002

0008227 01 FP 0.352 **PRSRT T5 0 0615 72702-194848



UNITED DISTRIBUTING, LLC
P.O. BOX 1948
E.J. BALL PLAZA, SUITE 700
FAYETTEVILLE AK 72702-1948



CR2E084 (8/02)

2. New Mailing Address City, State; Zip		4. State/Country of Formation FL	
Principal Place of Business P.O. BOX 1948 E.J. BALL PLAZA, SUITE 700 FAYETTEVILLE AK 72702		5. Date Organized or Qualified To Do Business in Florida 07/16/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 71-0812758	Applied For Not Applicable
8. Name and Address of Current Registered Agent DATILLIO, RALPH C ESQ. 215 S. MONROE STREET, SUITE 400 TALLAHASSEE FL 32301		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: *Ralph C. Datilio* Date: *11-19-02*

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MOURTON, KENNETH R	P.O. BOX 1948	FAYETTEVILLE AK 72702
MORM	THIRTY THIRD STREET, LLC	P.O. BOX 1948	FAYETTEVILLE AK 72702

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11/21/02--01014--008 **150.00

REINSTATEMENT *2002*

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: *Kenneth R. Mourton* Date: *11/18/02* Daytime Phone #: *(479) 587-0360*

Typed or printed name of signing Managing Member/Manager: **KENNETH R. MOURTON**