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L98000002455

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV 19 AM 8:01

1. DOCUMENT # L98000002455

Name and Mailing Address

0008228 01 FP 0.352 **PRSRT T5 0 0615 72702-194848

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

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 10/28/1998

Principal Place of Business: P.O. BOX 1948, E.J. BALL PLAZA, FAYETTEVILLE AR 72702

3. New Principal Place of Business Address: SUITE 700

City, State, Zip

6. FEI Number: 71-0817542 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

DATILLIO, RALPH C ESQ.
215 S. MONROE ST., SUITE 400
TALLAHASSEE FL 32301

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. Datillio 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 AR 72702
~~MGRM~~	~~THIRTY-THIRD STREET, LLC~~	~~P.O. BOX 1948~~	~~FAYETTEVILLE AR 72702~~

500000914080S
11/21/02--01014--007 **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: [signature] Date: 11/18/02 Daytime Phone # (479) 587-0360

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