

L9800002455

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 04 OCT 27 AM 11:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L9800002455

1. Limited Liability Company's Name

Palm Distributing, LLC P. O. Box 1948, Fayetteville, AR 72702-1948

BN

2. Principal Office Address

E.J. Ball Plaza

3. Mailing Office Address

P. O. Box 1948

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

City & State

Fayetteville, AR

City & State

Fayetteville, AR

Zip

72701

Country

USA

Zip

72702

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

10/28/1998

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

Name

Datillio, Ralph C. Esq.

Street Address (P.O. Box Number is Not Acceptable)

215 S. Monroe St.

Suite, Apt. #, Etc.

Suite 400

City

Tallahassee

State

FL

Zip Code

32301

9. 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

REGISTERED AGENT MUST SIGN

Date

10-26-04

10. Names and Street Addresses of Managing Members/Managers

Titles	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

REINSTATEMENT 2004

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BN

11. 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 10-25-2004

Daytime Phone # (479) 587-0360

Typed or printed name of signing Managing Member/Manager Kenneth R. Mourton

CR2E041 (10/02)