

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000006449

**FILED**  
**Apr 02, 2013**  
**Secretary of State**

**Entity Name:** TRADEWIND DISTRIBUTION, INC.

**Current Principal Place of Business:**

3701 SW 47TH AVE  
SUITE 105  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

3701 SW 47TH AVE  
SUITE 105  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 65-0983824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOLERY, MICHAEL  
3701 SW 47TH AVE #105  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** MICHAEL WOOLERY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** WOOLERY, MICHAEL  
**Address:** 3701 SW 47TH AVE #105  
**City-St-Zip:** DAVIE, FL 33314

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL WOOLERY

**PRES**

**04/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date