

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 21 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000044344

1. Corporation Name

FD Distributors, Inc.

2. Principal Office Address

12325 Yellow Rose Circle
Suite, Apt. #, etc.

3. Mailing Office Address

12325 Yellow Rose Circle
Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

USA

City & State

Riverview, FL

Zip

33569

Country

USA

REINSTATEMENT 03-04

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/03/07

5. FEI Number

59-3714763

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANK D. Bullard

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

12325 Yellow Rose Circle

Suite, Apt. #, Etc.

X

City

Riverview

700037432867

05/28/04--01049--029 **908.75

State

FL

Zip Code

33569

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date

5-17-04

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
PTD	FRANK D. Bullard		
SVD	FRANK D. Bullard	12325 Yellow Rose Circle	Riverview, FL 33569
PTD	DENNIS H. MANNOR	12325 Yellow Rose Circle	Riverview, FL 33569

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:

Frank D. Bullard 5-17-04 813-677-1962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10-02)