2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 DEC 26 AM 10: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053893

1. Entity Name
J & J DISTRIBUTIONS, CORP.

Principal Place of Business	Mailing Address
25800 SW 214 AVENUE HOMESTEAD, FL 33031	25800 SW 214 AVENUE HOMESTEAD, FL 33031

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

REINSTATEMENT 07

12032007 REIN-P CR2E098(1/07)

4. FEI Number: 65-1109085 | Applied For | Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~VILA, RICHARD~~
~~25800 SW 214 AVENUE~~
~~HOMESTEAD, FL 33031~~

7. Name and Address of New Registered Agent

Name: Accounting Solutions of Homestead
Street Address: 1005 N. Krome Ave, Suite 124
City: Homestead, FL 33030
FL Zip Code: 33030

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ 12/18/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008 Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VILA, RICHARD 25800 SW 214 AVENUE HOMESTEAD, FL 33031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400113407484 12/26/07--01053--016 **158.75	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 12/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

2-12/27