
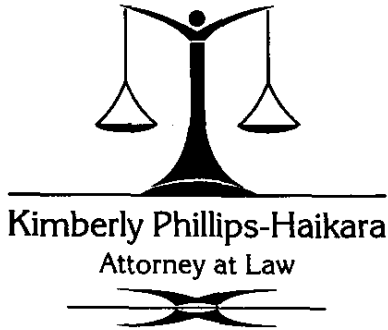


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000009326 1. Entity Name WILLIAM & MOORE DISTRIBUTION, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 OCT 20 PM 2:56 REINSTATEMENT <u>04</u>	
Principal Place of Business P.O. BOX 3511 ST. PETERSBURG, FL 33731				Mailing Address P.O. BOX 3511 ST. PETERSBURG, FL 33731			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEL Number 03-0504338				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KIMBERLY PHILLIPS-HAIKARA, PA 11350 66TH STREET NORTH SUITE 117 LARGO, FL 33773				7. Name and Address of New Registered Agent Name Kimberly Phillips-Haikara PA Street Address (P.O. Box Number is Not Acceptable) 10225 Winston Rd. Bldg 4-D Largo, FL 33771 City FL Zip Code			
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 <u><i>Kimberly J. Haikara</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>				DATE <u>Oct. 11, 2004</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00				600042031096 10/20/04--01085--004 **193.75			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, LYNN P.O. BOX 3511 ST. PETERSBURG, FL 33731			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Lynn Moore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>10/11/04</u>		Daytime Phone # <u>727-403-4926</u>	

10225 Ulmerton Road, Bldg. 4D
Largo, Florida 33771



Phone: (727) 585-4529
Fax: (727) 518-1982

October 11, 2004

Florida Dept. of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: William & Moore Distribution, Inc.

To whom it may concern:

Enclosed, please find a Corporate Reinstatement form as well as a check in the Amount of \$193.75 representing the filing fee for 2003 (\$150.00), fee for change of address of Registered Agent (\$35.00) and costs for obtaining a certificate of status (\$8.75).

On behalf of my client, I respectfully ask that the Reinstatement fee be waived. Mr. Moore advised me that he received no Annual Business Report at the address on file.

Please feel free to contact me if you have any questions or concerns. Thank you for your immediate attention to this matter.

Yours truly,

Kimberly J. Haikara, Esq.
The Law Office of
Kimberly Phillips-Haikara, P.A.

Encl
KJH/jmd