2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# P03000034976

Entity Name: L A DISTRIBUTORS OF INVERNESS, INC.

Current Principal Place of Business:

7101 E. CALYPSO LOOP
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1208
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 59-2625067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'BERRY, JOAN
7101 E. CALYPSO LOOP
INVERNESS, FL 34453 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: JOAN OBERRY

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: O'BERRY, WILLIAM
Address: P. O. BOX 1208
City-St-Zip: INVERNESS, FL 34451

Title: D ( ) Delete
Name: O'BERRY, JOAN
Address: P. O. BOX 1208
City-St-Zip: INVERNESS, FL 34451

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM G OBERRY PRES 10/07/2005

Electronic Signature of Signing Officer or Director — Date