

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000057882

**FILED**  
**Nov 01, 2006**  
**Secretary of State**

**Entity Name:** BANG DISTRIBUTION COMPANY, INC.

**Current Principal Place of Business:**

1005 NODDING PINES WAY  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

1005 NODDING PINES WAY  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 20-0273684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BANG, LEIF  
1159D CALLE DEL NORTE  
CASSELBERRY, FL 32707 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:** LEIF BANG

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

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** BANG, LEIF  
**Address:** 1005 NODDING PINES WAY  
**City-St-Zip:** CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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 Chapter 119, 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:** LEIFBANG

D

11/01/2006

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

\_\_\_\_\_  
Date