2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					E	FILED		
DOCUMENT # P03000094732							. •	
1. Entity Name NAV DISTRIBUTORS, INC					0409	EC-6 PM 3	3: 12 	
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Principal Place of Business 5824 WILDWOOD AVENUE SARASOTA, FL 34231 US Mailing Address 5824 WILDWOOD AVENUE SARASOTA, FL 34231 US					TALL.)15 (81)(818H 1888 411+5 115	
2. Principal Place of Business 5927 Driftwood Ave 5927 Drif			wood Aue					
Suite, Apt. #, etc. Suite, Apt. #, etc.					10272004	REIN-P	CR2E098 (6/04)	04
SANASU	ta Fl.	City & State SARASOFA	FL		4. FEI Number 05 ~ 05	183419		plied For t Applicable
3423/	Sarasuta	3423/	Country 54RAS	suta	5. Certificate of	Status Desired	S8.75 Add Fee Required	itional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
WETZEL, BERNHARD 5824 WILDWOOD AVENUE Street Address (P.O.E.						RNhard=	<u> </u>	<u> </u>
SARASOTA, FL 34231 5987						wood A	<u>Ul</u>	
City SARA					isota		FL Zio 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 Signature, typed or printed name of registered agent and leff if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00								
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFICE	RS AND DIRECTORS	S IN 11
TITLE NAME	D WETZEL, BERNHARD	☐ Delete	TITLE Name	D	Tzel Ber	whand.	Change	Addition
STREET ADDRESS CITY-ST-ZIP	5824 WILDWOOD AVENUE SARASOTA, FL 34231		STREET AD	DORESS 59	27 Drift	whand' wood Aue =(3423/	1	
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CITY-ST-ZIP			City-st-		11712	., 04	_000 4410	0.00
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TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		•	STREET AD			. •		
12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELLE DAILE								

DAV-Distributors

NAV-Distributors, inc. 5927 Driftwood Ave. Sarasota, Fl. 34231

October 19, 2004

Division of Corporations of State PO Box 6198 Tallahassee, Fl. 32314

Dear Sir or Madam:

I recently received this post card of dissolution. I contacted my accountant right away. He informed me that I should have received a card prior to this one, with information. I can assure you I received nothing: I don't know if it was a change of address or the Hurricanes. My accountant informed me that you were requesting a check for the amount of \$150.00, which I am happy to send.

Please accept this check and reinstate my Corporation, as I have no idea what might have happened.

I can assure you this over sight was not intentally. I did not receive any prior notice.

Thank you for your consideration.

Sincerely,

Bernie Wetzel

President

NAV-Distributors, Inc.

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