2006 FOR PROFIT CORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 NOV -7 PM 3: 01

REINSTATEMENT DOCUMENT #P03000104193

1. Entity Name TRAFFORD DISTRIBUTING CENTER, INC.



CANDEL VICTOR

Principal Place of Business			Mailing Address			即足的成	了到了包袱		0	6
456 ALEXANDER PALM ROAD BOCA RATON, FL 33432 US		456 ALEXANDER PALM ROAD		A MEMARY	II S-3 D CHOA	ume a	تعتدي "			
BUCA RATUR	N, FL 33432	2 05	BOCA RATON, FL 33	432 U	2					
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2. Principal F	riace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10102006	REIN-P	CR2E0	98 (11/05)	
City & State			City & State			4. FEI Number 20-0242				pplied For
Zip	Zip Country		Zip	Zip Country			of Status Desired		\$8.75 Add Fee Require	ot Applicable ditional
6. Name and Address of Current			l nt Registered Agent	egistered Agent		7. Name and	Address of New Ro			
LUCDEL EX	·				Name				<u> </u>	
WORTLEY, BARBARA 456 ALEXANDER PALM ROAD BOCA RATON, FL 33432					Street Address (P.O. Box Number is Not Acceptable)					
BOCA RA	ION, FL	33432							-	
					City		,	FL	Zip Coc	le
8. The above	named entit	y submits this statement	for the purpose of changing i	ts register	ed office or regi	stered agent, or both	n, in the State of Flo	rida. I am f	amiliar with,	and accept
١,	1300	land 1	and less				lab.	B/2		
SIGNATURE,	Signature, typed	or printed name of registered age	ent and title if applicable. (NO	OTE: Register	ed Agent signature re	equired when reinstating)	19/3/	DATE		
E.,	E NOWEN E	FF 15 67F0 00								
		EE IS \$750.00 07, Fee will be \$900	0.00							
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10.		OFFICERS AN	I ID DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
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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.

sawaraller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR