2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT 20 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05
T. Roberts OCT 25 2005

10112005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000137166

1. Entity Name
B & A DISTRIBUTORS, INC.

Principal Place of Business LU	Mailing Address LU
ATTN: BULENT EKSIOGUL 1485 SW ARAGON AVE. PORT ST. LUCIE, FL 34953	ATTN: BULENT EKSIOGUL 1485 SW ARAGON AVE. PORT ST. LUCIE, FL 34953
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EKSIOGUL, BULENT 950 COLORADO AVENUE, APT. E30 STUART, FL 34994	Name: BULENT EKSIOGLU Street Address (P.O. Box Number is Not Acceptable): 1485 S.W. ARAGON AVE PORT ST. LUCIE City: FLA FL Zip Code: 34953

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: Bulent Eksioglu — 10/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	B+A DISTRIBUTORS INC ☒ Change ☐ Addition
NAME	EKSIOGLU, BULENT	NAME	BULENT EKSIOGLU
STREET ADDRESS	950 COLORADO AVENUE, APT. E30	STREET ADDRESS	1485 SW ARAGON AVE
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP	PORT ST. LUCIE FLA 34953
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	500060820315
STREET ADDRESS		STREET ADDRESS	10/20/05--01041--015 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Bulent Eksioglu — 10/18/05 — 772 785 7262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1 516 317 5890