2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000032931

Entity Name: TAJ TROPICAL DISTRIBUTORS, INC.

8140 BELVEDERE RD. UNIT 3

City-St-Zip: ROYAL PALM BEACH, FL 33411

Address:

FILED Oct 19, 2007 Secretary of State

Entity Na	me: IAJIRO	DPICAL DISTRIBUTORS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1837 SOUTH STATE ROAD 7 FORT LAUDERDALE, FL 33317			UNIT 3	8140 BELVEDERE ROAD UNIT 3 ROYAL PALM BEACH, FL 33411	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
UNIT 3	VEDERE RD ALM BEACH, I	FL 33411			
FEI Number	: 20-2438654	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MOONASAR, TAJMATI 1837 SOUTH STATE ROAD 7 FORT LAUDERDALE, FL 33325 US			8140 BELVEDERE RC UNIT 3	MOONASAR, TAJMATI 8140 BELVEDERE ROAD UNIT 3 ROYAL PALM BEACH, FL 33411 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: TAJMATI MOONASAR				10/19/2007	
	Electro	nic Signature of Registered Ag	gent	Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MOONASAR, I 8140 BELVED) Delete KEITH ERE RD. UNIT 3 BEACH, FL 33411	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete FA.IMATI	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TAJMATI MOONASAR VP 10/19/2007