2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000090856

City-St-Zip:

MIAMI, FL 33176

Entity Name: C AND D DISTRIBUTIONS INC

FILED Oct 30, 2007 Secretary of State

| Littly Nai | IIIe. CANDD | DISTRIBUTIONS INC. | | | |
|---|--|---------------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 14731 SW MIAMI, FL | 103 PLACE 33176 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 14731 SW MIAMI, FL | 103 PLACE 33176 | | | | |
| FEI Number: | : 04-3819935 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| DWAYNE 5411 NW 7 MIAMI, FL | 74TH AVENUE | | | | |
| | named entity se of Florida. | submits this statement for the p | urpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | RE: DWAYNE | OWENS | | | |
| | Electron | ic Signature of Registered Age | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no | t receive the prior notice. | | |
| OFFICERS | S AND DIREC | TORS: | ADDITIONS/CHANGI | ES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP () ALLEN, CORRE 14731 SW 103 MIAMI, FL 331 | PLACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD () OWENS, DWAY 14731 SW 103 MIAMI, FL 331 | PLACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | SD () ALLEN, KENDE 14731 SW 103 | | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

| SIGNATURE: DWAYNE OWENS VP 10/30/2007 | |
|---------------------------------------|--|
|---------------------------------------|--|