2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000151113

1. Entity Name
CARRANZA DISTRIBUTORS, INC.

FILED
06 OCT 13 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09292006 REIN-P CR2E098 (11/06)

Principal Place of Business	Mailing Address
~~845 CHARMIL AVENUE~~ LAKE ALFRED, FL 33850 US	~~845 CHARMIL AVENUE~~ LAKE ALFRED, FL 33850 US

2. Principal Place of Business	3. Mailing Address
281 James Cir	281 James Cir
Suite, Apt. #, etc. LAKE ALFRED	Suite, Apt. #, etc.
City & State LAKE ALFRED	City & State LAKE ALFRED
Zip / Country 33850 / USA	Zip / Country 33850 / USA

4. FEI Number
20-3834632
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARRANZA, JUAN
845 CHARMIL AVENUE
LAKE ALFRED, FL 33850

7. Name and Address of New Registered Agent

Name: Jorge L. López

Street Address (P.O. Box Number is Not Acceptable)
243 Bedford Dr

City: KISSIMMEE **FL** Zip Code: 34758

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: Jorge L López — Jorge L. López — Oct 1st 06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARRANZA, JUAN 845 CHARMIL AVENUE LAKE ALFRED, FL 33850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 281 JAMES CIR LAKE ALFRED, FL. 33850
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AH0031149958 10/24/06--01029--028 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$ 10/19	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Oct 1st 2006
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Oct. 1st 2006

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Carranza Distr.
Document # : P-05000151113

Subject: Reinstatement

Gentlemen:

Enclosed, please find the reinstatement form to update my status with the Corporation.
I want to thank you for waiving the penalty for not filing on time, but as I said to you, we move from Charmin Ave to James Circle.
Enclosed also find ck # 1076 to pay the regular fee.

Very truly yours,