2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000060814

Entity Name: THE CHAMBLISS DISTRIBUTORS INC

FILED Sep 30, 2008 Secretary of State

Littly Nai	ine. THE OF	IAIVIDEIOO DIOTRIBOTORO INC			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1653 HUD ALFORD, I	SON ROAD FL 32420	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX ALFORD, I		US			
FEI Number:	: 13-4323835	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:	
ALFORD, I	SÓN ROAD FL 32420	US	ournose of changing its registers	d office or registered agent, or both,	
	e of Florida.	additional time statement for the p	ourpose of changing its registere	d office of registered agent, or both,	
SIGNATUF	RE: GARY C				
	Electro	onic Signature of Registered Ag	ent	Date	
		193(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (CHAMBLISS, P.O. BOX 42 ALFORD, FL	1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (CHAMBLISS, P.O. BOX 42' ALFORD, FL	1	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: GARY CHAMBLISS PRES 09/30/2008