

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000093558

FILED
Nov 08, 2007
Secretary of State

Entity Name: FLORIDA XTAZY DISTRIBUTION, INC.

Current Principal Place of Business:

301 174 STREET
905
SUNNY ISLES, FL 33160

New Principal Place of Business:

2239 SW 59 TER
HOLLYWOOD, FL 33023

Current Mailing Address:

1312 KINGS HIGHWAY
2ND FLOOR
BROOKLYN, NY 11229

New Mailing Address:

FEI Number: 20-5224971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARMOTIN, STAN
301 174 STREET
905
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

BARMOTIN, STAN
2239 SW 59 TER
HOLLYWOOD, FL 33023 US

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.

SIGNATURE: STAN BARMOTIN

11/08/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARMOTIN, STAN
Address: 301 174 STREET, #905
City-St-Zip: SUNNY ISLES, NY 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARMOTIN, STAN
Address: 2239 59 TER
City-St-Zip: HOLLYWOOD, FL 33023

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: STAN BARMOTIN

P

11/08/2007

Electronic Signature of Signing Officer or Director

Date