

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000118429

Entity Name: JI DISTRIBUTORS

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

1156 DUNDAD AVE
OPA LOCKA, FL 33054 US

New Principal Place of Business:

1156 DUNAD AVE
OPA LOCKA, FL 33054 US

Current Mailing Address:

1156 DUNDAD AVE
OPA LOCKA, FL 33054 US

New Mailing Address:

1156 DUNAD AVE
OPA LOCKA, FL 33054 US

FEI Number: 20-5548404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AAGAP CONSULTANTS INC
2400 DR ML KING ST S
C
ST PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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: AAGAP CONSULTANS INC

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, JOHN
Address: 1156 DUNDAD AVE
City-St-Zip: OPA LOCKA, FL 33054 US

Title: VP () Delete
Name: BAKER, IVORY
Address: 1025 SHARAR AVE
City-St-Zip: OPA LOCKA, FL 33054 US

Title: S () Delete
Name: WILLIAMS, HELEN
Address: 1156 DUNDAD AVE
City-St-Zip: OPA LOCKA, FL 33054 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, JOHN
Address: 1156 DUNAD AVE
City-St-Zip: OPA LOCKA, FL 33054 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WILLIAMS, HELEN
Address: 1156 DUNAD AVE
City-St-Zip: OPA LOCKA, FL 33054 US

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: JOHN WILLIAMS

P

10/27/2008

Electronic Signature of Signing Officer or Director

Date