

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000043330

Entity Name: RTI DISTRIBUTORS, INC.

FILED  
Nov 10, 2009  
Secretary of State

## Current Principal Place of Business:

189 LINTON BLVD. UNIT 517  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

1296 SW 1ST WAY  
DEERFIELD BEACH, FL 33441

## Current Mailing Address:

189 LINTON BLVD. UNIT 517  
DELRAY BEACH, FL 33444

## New Mailing Address:

P.O. BOX 577  
DEERFIELD BEACH, FL 33443

FEI Number: 26-2524080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
100 FEDERAL HWY  
DEERFIELD BEACH, FL 33441 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: GEZA SZEKELY

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: DP ( ) Delete  
Name: SZEKELY, GEZA  
Address: 7716 KINGS RIDE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DVP ( ) Delete  
Name: HERNANDEZ, ALIDA  
Address: 7716 KINGS RIDE  
City-St-Zip: BOYNTON BEACH, FL 33436

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SZEKELY, GEZA  
Address: P.O. BOX 577  
City-St-Zip: DEERFIELD BEACH, FL 33443 US

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

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: GEZA SZEKELY

Electronic Signature of Signing Officer or Director

DP

11/10/2009

Date