

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 15 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08970

1. Corporation Name

Distribution Consultants, Inc.

2. Principal Office Address

4435 Old Winter Garden Rd

3. Mailing Office Address

4435 Old Winter Garden Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

Orange

Zip

32811

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

2-4-1986

5. FEI Number 22-2665508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BlumbergExcelsior Corporate Services, Inc.

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

4435 Old Winter Garden Road

Suite, Apt. #, Etc.

100006667341--8

07/25/02 01062-010

****\$15.00 ****\$15.00

City

Orlando

State
FLZip Code
32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

BlumbergExcelsior Corporate Services, Inc./ Marc Moel, Assistant Secretary

Date 7/12/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Robert C. Fanelli	2900 Westchester Ave	Purchase, NY 10577

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07/25/02 01062-011

****\$85.00 ****\$85.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Robert C. Fanelli, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/9/02

Daytime Phone #

CP2E001 (9/01)