

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 5:13

DOCUMENT # P26502

1. Corporation Name

SPECIALIZED DISTRIBUTORS, INC.

W-28543

2. Principal Office Address

6391 49th STREET NO.

Suite, Apt. #, etc.

3. Mailing Office Address

6391 49th STREET NO.

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

Zip

33781

Country

USA

Zip

33781

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

22-2995278

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

JAMES K. ALLEN

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

6391 49th STREET NO.

Suite, Apt. #, Etc.

City

PINELLAS PARK

State

FL

Zip Code

33781

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

James K. Allen
REGISTERED AGENT MUST SIGN

Date 11-16-2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/P/D	James K. Allen	6391 49th Street	Pinellas Park, FL 33781
V	George W. Thompson	6391 49th Street	Pinellas Park, FL 33781
S	James Gregory Allen	6391 49th Street	Pinellas Park, FL 33781
T	Diana G. Burch	6391 49th Street	Pinellas Park, FL 33781
AS	Harry B. Ray	633 Chestnut ST, STE 900	Chattanooga, TN 37450

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.

JAMES K ALLEN

SIGNATURE:

James K. Allen President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727/521-4199

Daytime Phone #

DO NOT REMOVE

2 of 2



SPECIALIZED DISTRIBUTORS, INC.

6391 - 49th Street North □ Pinellas Park, Florida 33781 □ 727/521-4199 □ Fax 727/522-5439

P26502

November 16, 2000

To: State of Florida

From: Specialized Distributors, Inc.

FEI# 22-2995278

Charter# P26502

Per conversation with Brenda Tadlock of the Florida Registration Section, I am declaring that Specialized Distributors has not received any yearly notifications of Annual Uniform Business reports to be filed with the state. Specialized Distributors is a New Jersey corporation doing business in the state of Florida.

Specialized Distributors has filed and paid corporate tangible and intangible taxes on an annual basis.

We have been instructed to submit a completed form for corporate re-instatement regarding section 607.1501 along with a check for \$1537.50.

Sincerely,

A handwritten signature in cursive script that reads "James K. Allen".

James K. Allen



E Mail: machinepro@aol.com