2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P28783

FILED Oct 13, 2005 Secretary of State

Entity Name: THE NEW COCO DISTRIBUTING COMPANY, INC.

Current Principal Place of Business: New Principal Place of Business:

529 S. PINEWOOD DR. 529 S. PINE MEADOW DRIVE DEBARY, FL 32713 US DEBARY, FL 32713 US

Current Mailing Address: New Mailing Address:

529 S. PINEWOOD DR. 529 S. PINE MEADOW DRIVE DEBARY, FL 32713 US DEBARY, FL 32713 US

FEI Number: 58-1884472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STUCKER, ROBERT STUCKER, ROBERT W
1203 E INDUSTRIAL DR
ORANGE CITY, FL 32763 US ORANGE CITY, FL 32763 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: ROBERT W. STUCKER 10/13/2005

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT () Delete Title: () Change () Addition

 Name:
 STUCKER, ROBERT W.,
 Name:

 Address:
 529-S. PINE MEADOW DRIVE
 Address:

 City-St-Zip:
 DEBARY, FL 32713
 City-St-Zip:

Title: DS () Delete Title: DS (X) Change () Addition

Name: MOORE, WENDELL H., Name: MOORE, WENDELL H.,

Address: 477-NORTH PINE MEADOW DRIVE Address: 477-NORTH PINE MEADOW DRIVE

City-St-Zip: DEBARY, FL City-St-Zip: DEBARY, FL 32713

Title: AS () Delete Title: AS (X) Change () Addition

 Name:
 SLOVER, JOHN A.,
 Name:
 SLOVER, JOHN A.,

 Address:
 P. O. BOX 719 N/A
 Address:
 P. O. BOX 719 N/A

 City-St-Zip:
 MOLINE, IL
 61265

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT W. STUCKER PDT 10/13/2005