1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 11 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P36822

1. Corporation Name

LANCASTER DISTRIBUTING COMPANY

Principal Place of Business	Mailing Address
2701 Highway 56 Pauline, SC 29374	c/o L. Elizabeth Gibbes, Esq. Parker, Poe, Adams & Bernstein, L.L.P. 101 West St. John Street, Suite 203 Spartanburg, SC 29306

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99-80

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/91

5. FEI Number: 57-0654224 ☐ Applied For ☐ Not Applicable

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

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

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
CEO/D	Mitchell T. Jolley	2701 Highway 56	Pauline, SC 29374
P	B. Leroy Dodson	2701 Highway 56	Pauline, SC 29374
VP (Finance)	John D. Hudgins, Jr.	2701 Highway 56	Pauline, SC 29374
VP (Sales)	Clyde R. Ring	2701 Highway 56	Pauline, SC 29374
S/D	Caleb C. Fort	2701 Highway 56	Pauline, SC 29374
T/D	E. Fort Wolfe, Jr.	2701 Highway 56	Pauline, SC 29374

8. Name and Address of Current Registered Agent

JOHN BOWMAN
7158 123RD CIRCLE NORTH
LARGO, FL 34643

9. Name and Address of New Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.: 000003434190--3
City: PLANTATION State: FL Zip Code: 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 10/19/2000
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Mitchell T. Jolley 8/15/00 (864) 583-3011
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLA. - 2113 - 3/7/96) CT System

7. Additional Officers:

Name:	Doug Knight
Title:	Vice President of Operations
Address:	2701 Highway 56
City:	Pauline
State:	South Carolina
Zip:	29374