2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000043717

MARTIN, GARY R

7229 NW 4 BLVD

GAINESVILLE, FL 32607

Name:

Address:

City-St-Zip:

Entity Name: JET STREAM DISTRIBUTORS, INC.

FILED Oct 13, 2009 Secretary of State

Littly Name: 3ET STREAM DISTRIBUTORS, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
7229 NW 4 GAINESVII	BLVD LLE, FL 32607				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
7229 N.W. 4 BLVD. GAINESVILLE, FL 32607			7229 NW 4 BLVD GAINESVILLE, FL 3	7229 NW 4 BLVD GAINESVILLE, FL 32607	
FEI Number:	59-3319138	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MARTIN, E 7229 NW 4 GAINESVII		US			
The above in the State		ubmits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE: DONNA W	/ MARTIN			
	Electroni	c Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () MARTIN, DONNA 611 SW 80 BLV GAINESVILLE, F	ס	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () MARTIN, JEFF 1393 PERTH RE JACKSONVILLE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () MARTIN, ROBER 19 NW 30 DRIVI GAINESVILLE, F	<u> </u>	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GARY R MARTIN T 10/13/2009