JUN-29-99 TUE 04:13 PM CSC FAX NO.

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION FOR 98-99 REINSTATEMENT

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

FILED
Jul 20 1999 8:00 am
Secretary of State

DOCUMENT # P96000102054

1. Corporation Name

CompassPoint Distributing, Inc.

Principal Place of Business / Mailing Address

937 N.W. 8th Avenue
Fort Lauderdale, FL 33311

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

REINSTATEMENT 98-99 SP

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: Incorporated 12/18/96

5. FEI Number: 65-0716970 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 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)

1 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
C, D	Harry J. Leschen, III	12 Dromara	St. Louis, MO 63124
S, T, D	Anne G. Leschen	12 Dromara	St. Louis, MO 63124
P, D	Harry J. Leschen, IV	12 Dromara	St. Louis, MO 63124

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8. Name and Address of Current Registered Agent

John E. Moore, III, Esq.
756 Beachland Boulevard
Vero Beach, FL 32963

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 5070 N. Highway A-1-A

Suite, Apt. #, Etc.: Suite 200

City: Vero Beach, State: FL Zip Code: 32963

CR2E040 (1/96)

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 _____ Date 7/15/99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Harry J. Leschen, III — Harry J. Leschen, III — 7/1/99 — 314-402-8813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Chairman & — Date — Daytime Phone #

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 298829 4324230

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 908.75

ORDER DATE : July 7, 1999

ORDER TIME : 12:48 PM

ORDER NO. : 298829-005

CUSTOMER NO: 4324230

CUSTOMER: Ms. Trish Johnson
Crowell & Moring
1001 Pennsylvania Avenue, N.w.

Washington, DC 20004-2505

DOMESTIC FILINGS

NAME: COMPASSPOINT DISTRIBUTING, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

99 JUL 12 PM 1:43