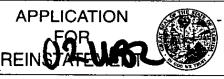
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P97000081997

1. Corporation Name

NORTHWEST FLORIDA DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

1201 EGLIN PARKWAY SHALIMAR FL 32579 1201 EGLIN PARKWAY SHALIMAR FL 32579 FILED

02 NOV -4 PH 2: 34

SEUNCIANY OF STATE
TALLAHASSEE, FLORIDA



If above	addresses are	incorrect in any way, line	hrough incorrect	information a	and enter correction below.				
				ddress, If Applicable	Date Incorporated or Qualified To Do Business in Florida 09/22/1997				
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Numbe	5. FEI Number			
City & State		City & State	City & State		59-3467467		Not Applicable		
Zip Country		Zip		Country			5 Additional Fee required r a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers Str			Street Address of Eac Officer and/or Directo					
PS			1201 EL	01 ELGIN PARKWAY		SHALIMAR FL 32579			
		., ,,,,			, , , , , , , , , , , , , , , , , , , ,	1 1 200			
	 					11/04/	00087845; 0201072013	** 158.75	
					Mul	14			
	٠.	-		-	BI	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
SCOTT, WELKER R			Name						
1201 EGLIN PARKWAY SHALIMAR FL 32579			Street Address (P.O. Box Number is Not Acceptable)						
		Suite, Apt. #, Etc	Suite, Apt. #, Etc.						
			City	State Zip Code					
10. I, being	appointed the	e registered agent of the ab	ove named corpo	oration, am fa	amiliar with and accept the o	bligations of Secti	on 607.0505, F.S. or 617.0505,	F.S.	
Signature or Registered	f Agent	velka Z	UR F	ENT MUST	WIRED SIGN		Date /0/29	la	

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.

11. 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02

85 872-627

Daytime Phone #

10/20/02 Dear Floridions Z am way sorry but I did not (ecosue the Pisor Notices Concerning the Cenewal fee for my (small) Inc. co. - Please accept my application for Reinstalement & also the enclosed check in the mant of \$158-75-I would very much like the Cortificate of Status So I sucluded the add frond \$8.75 Vary from yours Thea Stown may be reached Phone at 850 832 6276 850 Z30 9417 Thouk you