

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089161

1. Corporation Name

37 DISTRIBUTION CORPORATION

Principal Place of Business

Mailing Address

11337 DISTRIBUTION AVENUE WEST
JACKSONVILLE FL 32256

11337 DISTRIBUTION AVENUE WEST
JACKSONVILLE FL 32256

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
99 NOV -3 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1997

SP

5. FEI Number

59-3472500

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GRAHAM, LEONARD F	1337 DISTRIBUTION AVENUE WEST	JACKSONVILLE FL 32256
D	MOORE, WILLIAM C	534 HILAND AVENUE	OZARK AL 36360
			100003046661--B -11/17/99--01011--001 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, GRADY H JR.
1279 KINGSLEY AVENUE STE. 117
ORANGE PARK FL 32073

Name Grady Leonard F.
Street Address (P.O. Box Number is Not Acceptable)
11337 Distribution Ave, W.
Suite, Apt. #, Etc.
City Jacksonville State FL Zip Code 32256

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

Leonard F. Graham
REGISTERED AGENT MUST SIGN

Date 29 Oct 99

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 807 or 817, 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 807.0401 or 817.0401, 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:

Leonard F. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Oct 99
Date

(904) 288-007
Daytime Phone #