

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V28821

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** L.A. DISTRIBUTORS, INC.

**Current Principal Place of Business:**

2901 CLINT MOORE ROAD  
UNIT 5  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

11915 GLENMORE DRIVE  
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

2101 W COMMERCIAL BLVD  
STE 2800  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 65-0337250      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORMAN, ROBERT S  
2101 W COMMERCIAL BLVD  
STE 2800  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** ROBERT S FORMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VM  
**Name:** DEEREN, HADA  
**Address:** 17888 69 ST. N.  
**City-St-Zip:** LOXAHATCHEE, FL 33470

**Title:** DPST  
**Name:** ANDERES, KASPAR  
**Address:** 2901 CLINT MOORE ROAD, UNIT 5  
**City-St-Zip:** BOCA RATON, FL 33496

I hereby 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 all other like empowered.

**SIGNATURE:** KASPAR ANDERES

D

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date