FROM :EMPIRE CORPORATE KIT CO FAX NO. :305 6338302 Sep. 21 2001 09:15AM P2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # 440715

1. Corporation Name

T & D Supplies Inc 440715

500004623995--5
-10/04/01--01068--019
****308.75 ****308.75

2000-2001 VBR

2. Principal Office Address	3. Mailing Office Address
10295 NW 46 ST	10295 NW 46 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise FL	City & State: Sunrise FL
Zip: 33351 Country: US	Zip: 33351 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/28/73

5. FEI Number: 591519122 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Tom Thomas

Street Address (P.O. Box Number is Not Acceptable): 10295 NW 46 ST

Suite, Apt. #, Etc.:

City: Sunrise State: FL Zip Code: 33351

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: T a T Date: 9/20/01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Thomas A Thomas Jr	10295 NW 46 ST	Sunrise FL 33351

10. I certify that I am an officer or director of 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: T a T 9/20/01 954 742 2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #