


2004 FOR PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # F97000006799 1. Entity Name F & H SUPPLY CO., INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 23 PM 2:42

Principal Place of Business 40-14 24TH ST. LONG ISLAND CITY, NY 11101	Mailing Address 40-14 24TH ST. LONG ISLAND CITY, NY 11101
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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11032004 REIN-P CR2E098 (6/04)

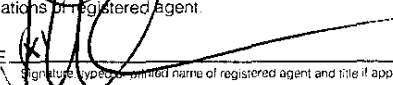
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 11-2124024	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent HABER, HENRY 19667 TURNBURY WAY N. MIAMI BEACH, FL 33180
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

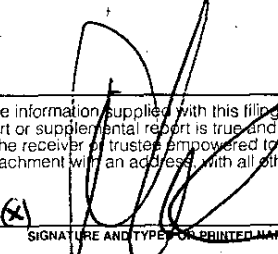
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 11/14/04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">P HABER, HENRY 19667 TURNBURY WAY N. MIAMI BEACH, FL 33180</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>ST HABER, FRED 3515 HENRY HUDSON PKWY. BRONX, NY 10463</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	P HABER, HENRY 19667 TURNBURY WAY N. MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete	ST HABER, FRED 3515 HENRY HUDSON PKWY. BRONX, NY 10463	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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	<input type="checkbox"/> Delete												

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">800042925718 11/22/04--01042--002 **150.00</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	800042925718 11/22/04--01042--002 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 11/14/04 DAYTIME PHONE #: 718-392-7788

11/29/04

2/2

F & H INC.

AMERICA'S LEADING CONTRACT STATIONER

40-14 24TH STREET
LONG ISLAND CITY, NEW YORK 11101
(718) 392-7788
FAX (718) 937-5207

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

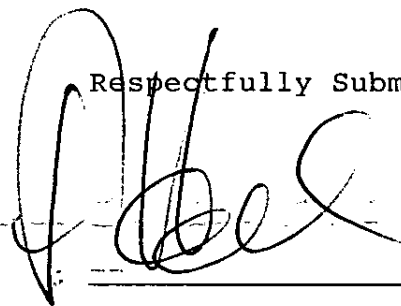
November 16, 2004

Ref: F&H Supply Company
40-14 24TH Street
-L.I.C.- NY-11101
Document # F97000006799

Gentlemen,

We have never received the original profit corporation statement. We have an unblemished history of filing and paying all previous returns. Kindly accept our payment of \$ 150.00 dollars due to the above circumstances.

Respectfully Submitted,



Fred Haber,
Secretary Treasurer