

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

2008 NOV 24 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




11172008 REIN-P CR2E098 (1/07)

4. FEI Number **11-2124024** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DOCUMENT # F97000006799**  
 1. Entity Name  
**F & H SUPPLY CO., INC.**



Principal Place of Business: **40-14 24TH ST. LONG ISLAND CITY, NY 11101**  
 Mailing Address: **40-14 24TH ST. LONG ISLAND CITY, NY 11101**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

**6. Name and Address of Current Registered Agent**  
**HABER, HENRY**  
**19667 TURNBURY WAY**  
**N. MIAMI BEACH, FL 33180**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2009, Fee will be \$900.00**

*Did not receive Report to file*

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HABER, HENRY</b> <b>19667 TURNBURY WAY</b> <b>N. MIAMI BEACH, FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HABER, FRED</b> <b>3515 HENRY HUDSON PKWY.</b> <b>BRONX, NY 10463</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700138239387</b> <b>11/24/08--01062--006 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <b>2008</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **11/19/08** DAYTIME PHONE #: **718-392-8188**