PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 20 PM 1:23

DOCUMENT # J17535

1. Corporation Name

COS/CONTROL DESIGN SUPPLY INC.

REINSTATEMENT 00-100

2. Principal Office Address	**3.** Mailing Office Address
SAME AS →	360 HICKMAN DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: SANFORD FL
Zip / Country	Zip: 32771 / Country: SEMINOLE

4. Date Incorporated or Qualified To Do Business in Florida: 6/2/86 SR

5. FEI Number: 59-2694807 ☐ 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: Joe Oxborough

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-08/08/01--01092--021
****8.75 ****8.75

Street Address (P.O. Box Number is Not Acceptable): 1706 Dogwood Forest Way

Suite, Apt. #, Etc.:

City: Lake Mary | State: FL | Zip Code: 32746

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: Joe Oxborough — REGISTERED AGENT MUST SIGN — Date: 7-18-01

CR2E081 (9/00)

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
DPT	Joe Oxborough	1706 Dogwood Forest WAY	Lake Mary, FL 32746
DVS	Glenda Oxborough	4493 Atlantic DR	New Smyrna Bch, FL 32169

10. I certify that I am an officer or director or 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: Joe Oxborough — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7/18/01 — Daytime Phone #: 407 328-804