PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC -5 AM 9:47

DOCUMENT # **P19482**

1. Corporation Name

SOUTHERN ATLANTIC SUPPLY DIVISION, CORP.

Principal Place of Business	Mailing Address
15 E UNION AVE BOX 115 EAST RUTHERFORD NJ 07030 US	15 EAST UNION AVE BOX 115 EAST RUTHERFORD NJ 07030 US

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/02/1988

5. FEI Number: 22-1729463 — Applied For ☐ Not Applicable ☐

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FEURY, ROBERT	5 MADISON AVE	KEARNY NJ 07032
~~VP~~	~~JONES, GEORGE~~	~~412 SHEARER AVE~~	~~UNION NJ 07089~~
COB	SMILOWITZ, HERBERT	39 CRESTWOOD DRIVE	WEST ORANGE NJ 07052
S	BICKEL, JACK	3602 HALE PLACE	FAIRLAWN NJ 07410
VP	~~HAKULA, DAVID~~ REILLY, BRIAN	~~59 BERKSHIRE PLACE~~ 114 Edison Rd	~~FAIR LAWN NJ 07410~~ Sparta NJ 07871
VP-	BLOOM, GREG	8420 125TH PLACE S.W.	MUKILTEO WA 98275

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip: FL

600003509436--3
-12/13/00--01107--014
****750.00 ****750.00

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Maureen Cullen SIGNATURE REQUIRED Date: 11/27/00

REGISTERED AGENT MUST SIGN MAUREEN COLLEN, ASST. VICE-PRES.

11. 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.

AD

SIGNATURE: SIGNATURE REQUIRED 10/25/00 201-507-3829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #