PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

[redacted]

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 18 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **279344**

1. Corporation Name

AMERICAN DIE SUPPLIES, INC.

2002-2003
4BR

02-03

Principal Place of Business	Mailing Address
9620 GIBSON AVENUE JACKSONVILLE FL 32208	9620 GIBSON AVENUE JACKSONVILLE FL 32208

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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc. 9622 Gibson Ave	Suite, Apt. #, etc. 2256 MACK RD	03/11/1964
City & State JACKSONVILLE FL.	City & State DOUGLASVILLE, GA	5. FEI Number 59-1058132 ☐ Applied For ☐ Not Applicable
Zip 32208 Country DUVAL	Zip 30135 Country USA	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~~	~~WINGATE, JOHN L~~ DEC'D	~~9620 GIBSON AVE~~	~~JACKSONVILLE, FL 0~~
~~S~~	~~BARBARA C. HENRY~~ RETIRED	~~10507 TULSA ROAD~~	~~JACKSONVILLE FL~~
X P, D	WINGATE, ADDIE L	~~9620 GIBSON AVE~~ 2256 MACK ROAD	~~JACKSONVILLE, FL 0~~ DOUGLASVILLE, GA
~~D~~	~~JOHN LEE WINGATE~~	~~2256 MACK ROAD~~	~~DOUGLASVILLE GA~~
			200013541982 03/05/03--01028--013 **300.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WINGATE, JOHN L 9620 GIBSON AVENUE JACKSONVILLE FL 32208	Name: BENJAMIN A. CORNELIUS Street Address (P.O. Box Number is Not Acceptable): 4496 SOUTHSIDE BLVD Suite, Apt. #, Etc.: City: JACKSONVILLE State: FL Zip Code: 32216

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 2/20/03
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: SIGNATURE REQUIRED Pres. 1-7-03 770 949-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

American Die Supplies, Inc.
2256 Mack Road
Douglasville, Georgia 30135

February 20, 2003

Florida Department of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ladies & Gentlemen:

I am enclosing the application for reinstatement for American Die Supplies, Inc.

Please accept this application without penalty since I did not receive the two prior Uniform Business Reports. My husband, the principal stockholder, died in 2000, and we sold the business in 2001. The office/warehouse in Jacksonville was closed during 2001.

I am enclosing a check in the amount of $300.00.

Thank you for your consideration.

Sincerely,

Addie Wingate
President

xc: Dora Miller