


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---	---

DOCUMENT # 218021

1. Corporation Name

MERRITT SUPPLY COMPANY

Principal Place of Business

C/O CHARLES D MERRITT
3870 NORTH DAVIS ST.
PENSACOLA FL 32503
US

Mailing Address

C/O CHARLES D MERRITT
3870 NORTH DAVIS ST.
PENSACOLA FL 32503
US

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

2. New Principal Office Address, If Applicable

3870 North Davis Hwy
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3870 North Davis Hwy
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1958

5. FEI Number

59-0854927

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	MERRITT, CHARLES D.	3011 BLACKSHEAR AVE	PENSACOLA FL
T	HILBURN, WILLARD M.	5414 KAUFFMAN RD	MILTON FL
			300004705243--3 -12/05/01--01006--018 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

MERRITT, CHARLES D.
3011 BLACKSHEAR AVE
PENSACOLA FL 32503

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles D. Merritt - President 11-12-01 850-432-3457



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 19 PM 3:24

CR2E040 (8/01)



3870 N. Davis Highway
Pensacola, Florida 32503
Phone: (850) 432-3451
Fax: (850) 432-3454

PAINTS • INDUSTRIAL COATINGS • WALLCOVERINGS • WINDOW TREATMENTS

October 19, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing this letter in regards to the Notice of Administrative Dissolution or Revocation that I received on October 11, 2001 concerning our company.

I know you are not able to waive the fees, but I felt you deserved an explanation. Our bookkeeper has no recollection, nor do I, of receiving these documents in the early part of this year. If she had received them, it is possible, she could have given them over to our accountant along with our tax records in error. Our accountant would have sent them back to us. Also, we have no recollection of a second mailing that should have occurred in June. I know there is no excuse regarding this matter, but I thought you might want to check into the mail service, because possibly my company isn't the only one who is late in filing because they never received the paperwork.

Thank you,

Charles D. Merritt
President