

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 19 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 224774

1. Corporation Name

Total Supply Systems, Inc.

2. Principal Office Address

4 Little Bay Harbor

Suite, Apt. #, etc.

3. Mailing Office Address

4 Little Bay Harbor

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

US

Zip

32082

Country

US

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

June 12, 1959

5. FEI Number

59-0874720

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

Ann Ralph

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

4 Little Bay Harbor

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

200003576632--6

-01/26/01--01059-022

150.00 LS 50.00

200003576632--6

-01/26/01--01059-023

150.00 LS 750.00

State
FL

32082

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

Ann Ralph
REGISTERED AGENT MUST SIGN

Date January 17, 2001

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
D / T	Ann Ralph	4 Little Bay Harbor	Ponte Vedra Bch, FL 32082
D / P	Suzi Hernandez	53 Jackson Avenue	Ponte Vedra Bch, FL 32082
D / S	Sheila Bonnett	8411 Crane's Roost	New Port Richey, FL 34654

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:

Ann Ralph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

904-285-3836

Daytime Phone #