PLEASE READ ALL INS	TRUCTIONS BEFORE (COMPLETING THIS FORM.	
FLORID,	A DEPARTMENT OF STATE Jim Smith	Ŭ.	
D	Secretary of State	FILED	
DOCUMENT # 279344	(h)	03 MAR 18 AH 11: 24	
		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
AMERICAN DIE SUPPLIES, INC.	n'e	COLEMINSSIE, FLORIDA	
Principal Place of Business Mailing Add	ress		
9620 GIBSON AVENUE 9620 GIBSO JACKSONVILLE FL 32208 JACKSONVII	ILLE FL 32208		
t If above addresses are incorrect in any way, line through incorrect i		02-03	
225	······································	4. Date Incorporated or Qualified To Do Business in Florida 03/11/1964	
Suite, ApL # etc 16 22 9 1 B Solv AVE Suite, Apt. # Poity & State		5. FEI Number Applied For Applied For	
Zia Zia Country Zia	LASVILLE, GA	6. S8.75 Additional Fee required	
33308 DWVAI 3013 7. Names and Street Addresses of Each Officer and/or Director (Fic	5 VSA	CERTIFICATE OF STATUS DESIRED U for a Certificate of Status	
Title(s) Name of Officers 1 2 and/or Directors	Street Address of Each 3 Officer and/or Director	h Oite / Date / Zie	
-P- WINGATE, JOHN L DEZ (D	- 9620 GIBSON AVE	JACKSONVILLE, FL 0	
-S- BARBARA C. HENRY RETIRED	-10507 TULSA ROAD	-JACKSONVILLE FL	
X P, WINGATE, ADDIE L	- 9620 GIBSON AVE- 2256 MACK EG	DOUGLASVILLE, GA	
	-2256 MACK ROAD-	DOUGLASVILLE GA-	
8. Name and Address of Current Registered Age	ent Name	9. Name and Address of New Registered Agent	
WINGATE, JOHN L BENJ Street Address (P.O. Box Number is Not Acceptable)	
9620 GIBSON AVENUE JACKSONVILLE FL 32208 Suite, Apt. #, Etc.			
	City JACK	SONVILLE FL 32216	
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			
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			

American Die Supplies, Inc. 2256 Mack Road Douglasville, Georgia 30135 2012

February 20, 2003

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Elorida 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.

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Thank you for your consideration.

Sincerely,

Addie Wingate President

xc: Dora Miller

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