

APPLICATION FOR REINSTATEMENT FOR

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

DO NOT WRITE IN THIS SPACE

FILED

98 JAN 14 AM 10:47

SECRETARY OF STATE

73-98

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 393137

SANDERS BUILDING SUPPLY, INC.  
595 N. Ferdon Blvd.  
Crestview, FL 32536

2. If Address in Block 5 is incorrect, please provide correct address below. The NAME of the corporation is not changed only by filing an amendment.

Address

Address

City and State

Zip Code

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

3. Date Incorporated or Qualified To Do Business in Florida - 12/28/71

4. FEI Number 59-1371546

FEI Number Applied For  
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
President/ Director	JAMES F. SANDERS	202 ADAMS DRIVE	Crestview, FL 32536
			400002402314--1 -01/15/98--01112--009 ***2875.00 ***2875.00
			400002402314--1 -01/15/98--01112--010 *****8.75 *****8.75

This corporation has liability for intangible tax under section 199.032, Florida Statutes.  Yes  No  
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

7. Name and Address of New Registered Agent

Name

James F. SANDERS

Street Address (Do NOT Use P.O. Box Number)

595 N. Ferdon Blvd.

Street Address (Do NOT Use P.O. Box Number)

Crestview, Florida

City and State

FL.

Zip Code

32536

8. Name and Address of Current Registered Agent

JAMES F. SANDERS  
595 N. Ferdon Blvd.  
Crestview, FL 32536

8. 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 James F. Sanders

REGISTERED AGENT MUST SIGN

Date 12-29-97

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director James F. Sanders

Date 12-29-97

Phone # 850-682-4000

Typed or printed name of signing officer or director

JAMES F. SANDERS

10. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a