

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



2001
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

192
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 18 PM 12:52

DOCUMENT # 565905

1. Corporation Name
ACTION PLUMBING SUPPLY CO.

Principal Place of Business	Mailing Address
5411 NW 15 ST PO BOX 634817 934817 MARGATE FL 33063 33093	5411 NW 15 ST PO BOX 634817 934817 MARGATE FL 33063 33093



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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	02/02/1978
5. FEI Number	59-1798150
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STD	BERKE, JUDITH	7579 IMPERIAL DR	BOCA RATON FL
VD	BERKE, KENNETH	22324 BOYACA AVENUE	BOCA RATON FL
P	BERKE, STUART	4964 N.W. 84 ROAD	CORAL SPRINGS, FL 00000
			00000466249-4 -11/01/01--01035 018 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

BERKE, JUDITH
5411 NW 15TH STREET
MARGATE FL 33063

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 *[Signature]* Date 10/16/01
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]* 10/16/01 971-7782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

292

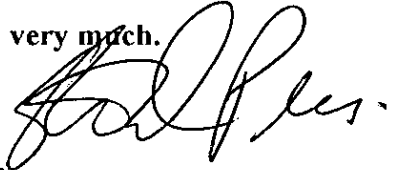
**ACTION SUPPLY COMPANY INC.
5411 NW 15TH STREET
PO BOX 634817
MARGATE, FLORIDA 33063**

Re: Uniform Business Report (Doc # 565905)

Dear Sir:

Please be advised that Action Supply did not receive the original request for the annual business report. Please accept the original fee requested of \$150.00 as we have been in business since 1978 and have always responded promptly.

Thank you very much.



**Stuart Berke
President:**