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HALLAMSBURG 10/27/14

RJ
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PRUDENTIAL OVERALL SUPPLY, INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JIM MURRAY
Name of Person
PRUDENTIAL OVERALL SUPPLY
Firm/Company
1661 ALTON PKWY
Address
IRVINE, CA. 92606
City/State and Zip code
JIMM @ PDS-CLEAN. COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32314
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For further information concerning this matter, please call:

JIM MURRAY at (949) 250 4855
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PRUDENTIAL OVERALL SUPPLY INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA 3. 95-1535681
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. SEPT 2, 1947 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11661 ALTON PARKWAY IRVINE, CA. 92606
(Principal office address)

(SAME)
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: INCorp SERVICES, INC.

Office Address: 17888 67TH COURT NORTH

LOXAHATCHEE, Florida 33470
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SEE ATTACHED

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FOR SIGNATURE

PURPOSE OF

REGISTERED
AGENT

DOCUMENT # F01000006093

1. Corporation Name

Prudential Overall Supply Inc.

2. Principal Office Address - No P.O. Box #

1661 ALTON PKWY.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 11210

Suite, Apt. #, etc.

City & State

IRVINE, CA

Zip

92606

Country

USA

City & State

Santa Ana, CA

Zip

92711

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2001

5. FEI Number

95-153681

Applied Fee

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

INCORP SERVICES, INC.

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

17888 67th COURT NORTH

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

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

Heather Nee for Incorp Services, Inc.
REGISTERED AGENT MUST SIGN

Date 09/25/14

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 |
|--------|--------------------------------------|---|--------------------|
| PD | TOM WATTS | 1661 ALTON PKWY. | IRVINE, CA. 92606 |
| VD | DON LAHN | 1661 ALTON PKWY. | IRVINE, CA. 92606 |
| C | DAN CLARK | 1661 ALTON PKWY. | IRVINE, CA. 92606 |
| ST | JIM MURRAY | 1661 ALTON PKWY. | IRVINE, CA. 92606 |
| D | HARRY HATHAWAY | 1661 ALTON PKWY. | IRVINE, CA. 92606 |

10. E-mail Address: jmm@POS-CLEAN.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

James K. Murray

JAMES K. MURRAY

9/29/14

949 250 4855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DAN CLARK

Address: 1661 ALTON PKWY
IRVINE CA. 92606

Vice Chairman: DON LAHN

Address: 1661 ALTON PKWY
IRVINE, CA. 92606

Director: HARRY HATHAWAY

Address: 1661 ALTON PKWY
IRVINE, CA. 92606

Director: _____

Address: _____

B. OFFICERS

President: TOM WATTS

Address: 1661 ALTON PKWY
IRVINE, CA. 92606

Vice President: _____

Address: _____

Secretary: JIM MURRAY

Address: 1661 ALTON PKWY IRVINE, CA. 92606

Treasurer: JIM MURRAY

Address: 1661 ALTON PKWY IRVINE, CA 92606

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *James K. Murray*
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. JAMES K. MURRAY SEC./TREASURER
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PRUDENTIAL OVERALL SUPPLY

FILE NUMBER: C0219990
FORMATION DATE: 09/02/1947
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
14 OCT 27 PM 12:20
SECRETARY OF STATE
SACRAMENTO

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 20, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State