

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 26 PM 5:29

DOCUMENT # H87088

1. Corporation Name

THE SUPPLY ROOM, INC.

201
462

Principal Place of Business

Mailing Address

6349 N ORANGE BLOSSOM TR
SUITE B250
ORLANDO FL 32810
US

6349 N ORANGE BLOSSOM TR
SUITE B250
ORLANDO FL 32810
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2615906

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	REAVES, CULLEN E Cullen	1770 CHOCTAW TR	MAITLAND FL 32751
V	REEVES, CAROL B Carol	1770 CHOCTAW TR	MAITLAND FL 32751
T	REAVES, CULLEN Cade	2149 LAKE DR	WINTER PARK FL 32789
			800004713898--9 -12/07/01--01027--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REAVES, CULLEN E.
6349 N ORANGE BLOSSOM TR
UNIT 6
ORLANDO FL 32810

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

Cade Reaves

Date

11/21/01

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:

Cade Reaves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/01

Daytime Phone #

CR2ED40 (8/01)

The Supply Room, Inc.

6349 North Orange Blossom Trail, Suite B250 -- Orlando, FL 32810
Phone (407) 295-0377 ~ Fax (407) 299-1038

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To Whom It May Concern -

Please be advised that we never recieved the original Uniform Business Report at the beginning of the year. Enclosed you will find our \$150 fee.

Also, we correct the names on the form every year, but they are never corrected by you. Please do so.

Thank you,

PS, Our address is no longer 4000 N. Orange Blossom Trail (the 1st one may have been sent to this address). ~~Our~~ 6349 N. Orange Blossom Trail is correct.

Cade Reaves