

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K74249**

1. Corporation Name

SUPPLIES UNLIMITED, INC.

Principal Place of Business

Mailing Address

C/O D.E. WANDS
545 B AIRPARK ROAD
EDGEWATER FL 32132

C/O D.E. WANDS
~~2505 AUBURN AVE~~
~~NEW SMYRNA BEACH FL 32168~~

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

Zip

Country

32168

VOLUSIA

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1989

5. FEI Number

59-2935930

Applied For

Not Applicable

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
PSTD PSTD	WANDS, D E WANDS, D.E.	2505 AUBURN AVE 2570 PIONEER TRAIL	NEW SMYRNA BEACH FL NEW SMYRNA BEACH, FL. 32168

200024897612
11/21/03--01005--022 **158.75

AK 11/26

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WANDS, D E~~
~~2505 AUBURN AVENUE~~
~~NEW SMYRNA BEACH FL 32168~~

Name

WANDS, D.E.

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

2570 PIONEER TRAIL

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH

State

FL

Zip Code

32168

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

D.E. WANDS
REGISTERED AGENT MUST SIGN

Date **NOVEMBER 18, 2003**

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:

D.E. WANDS, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOVEMBER 18, 2003 386-428-1820

Date

Daytime Phone #

CR2E040 (7/03)


Because of moving I failed to receive my notices for renewal.

Although I had changed my address to a lot of places, I found that my mail was going all over and then was held. The Postal Service has finally gotten my mail straightened out, and I received this notice .

I certainly wish to get reinstated and get this resolved as quick as possible.

If any problem or any questions, please advise @ 1-386-428-1820.

Thank You,

A handwritten signature in cursive script that reads "D. E. Wands, Pres." The signature is written in dark ink and is positioned above the printed name.

D.E. Wands