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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # K96563
CONTRACTORS WHOLESALE SUPPLIES, CORP.
8750 SW 41 Terr
Miami FL 33165

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: 13365 SW.253 Tr
Address:
City and State: Homestead, FL
Zip Code: 33032

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
June 20, 1989	65-0127147	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☒

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

1 Title	2 Name 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
D	SIMON ELIAS	13365 SW 253 Tr	Homeasted Fl 33032

REINSTATEMENT 95-00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

SIMON ELIAS
13365 SW 253 Tr.,
Homeasted FL 33032

8. Name and Address of New Registered Agent and/or Office

Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City and State: FL
Zip

9. 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] REGISTERED AGENT MUST SIGN
Date: November 15, 2000

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: [signature] Date: 11/15/00 Daytime Phone #:

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