PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY -1 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L40617

1. Corporation Name

FLORIDA SUPPLY + CLEANING, INC.

Principal Place of Business / Mailing Address

307 SIXTH ST.
HOLLY HILL, FL 32117

REINSTATEMENT 96-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1681 STATE AVE.
Suite, Apt. #, etc.
City & State: HOLLY HILL, FL
Zip: 32117 Country:

3. New Mailing Office Address, If Applicable
1681 STATE AVE.
Suite, Apt. #, etc.
City & State: HOLLY HILL, FL
Zip: 32117 Country:

4. Date Incorporated or Qualified To Do Business in Florida: JAN. 3, 1990

5. FEI Number: 59-2996272 ☐ 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)

1 Title(s)	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 / State / Zip
P	JON SFERA	5978 PELHAM DRIVE	PORT ORANGE, FL 32127
V	TRAJAN JOE SFERA	2921 GASLIGHT DR.	S. DAYTONA, FL 32119
T	TRAJAN JOE SFERA	2921 GASLIGHT DR.	S. DAYTONA, FL 32119
S	TRAJAN JOE SFERA	2921 GASLIGHT DR.	S. DAYTONA, FL 32119

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***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

M. DEAN NELSON
ATTORNEY AT LAW
240 LANDMARK CIRCLE
ORMOND BEACH, FL 32176

9. Name and Address of New Registered Agent

Name: TRAJAN JOE SFERA
Street Address (P.O. Box Number is Not Acceptable): 1681 STATE AVE.
Suite, Apt. #, Etc.:
City: HOLLY HILL State: FL Zip Code: 32117

CR2E040 (1/98)

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: Trajan Joe Sfera (REGISTERED AGENT MUST SIGN) Date: 4/27/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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., 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: JON SFERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/98 Daytime Phone #: 904-673-3111