


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

97 MAY -2 PM 3:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L40627

1. Corporation Name
P & M SUPPLIERS, INC.

Principal Place of Business Mailing Address
1451 WEST CYPRESS CREEK RD
SUITE #300
FT. LAUDERDALE, FL. 33309

REINSTATEMENT 90-97

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

2. New Principal Office Address, If Applicable 1451 W. CYPRESS CREEK RD	3. New Mailing Office Address, If Applicable 550 N.W. 42AVE
Suite, Apt. #, etc. SUITE #300	Suite, Apt. #, etc. SUITE #205
City & State FT. LAUDERDALE	City & State MIAMI, FL
Zip 33309	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/03/90		
5. FEI Number 59-2985366	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	RAUSEO, RONALD	745 TANGLE WOOD CIRCLE	WESTON, FL. 33327

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 ***915.00 ***915.00

JB5-7-97

8. Name and Address of Current Registered Agent

COLLADO & ASSOCIATES
550 N.W. LeJeune Rd.
SUITE #205
MIAMI, FL. 33126

9. Name and Address of New Registered Agent

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 *[Signature]* Date _____
 REGISTERED AGENT MUST SIGN

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., 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: *[Signature]* **4/28/97** **(904) 914-6827**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E040 (12/96)