

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **M37564**

1. Corporation Name
ID & D MATERIAL Supply, INC WA7000021158
DBA ID & D MOTORS INC
518 NW 102 ST, MIAMI FL 33150

Principal Place of Business Mailing Address

13960 NW 22ND AVENUE
OPA COCKA, FL 33054

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 8/28/86	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2751307	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	DAPHNIE STEWART	518 NW 102 ST	MIAMI FL 33150
VIPres	DONALD STEWART	518 NW 102 ST	MIAMI FL 33150
Sec	SAMANTHA STEWART	518 NW 102 ST	MIAMI FL 33150
TRES.	TIFFANY EDDIE	518 NW 102 ST	MIAMI FL 33150

8. Name and Address of Current Registered Agent

DAPHNIE STEWART
518 NW 102 ST
MIAMI FL 33150

9. Name and Address of New Registered Agent

Name **DONALD STEWART**
Street Address (P.O. Box Number is Not Acceptable) **518 NW 102 ST**
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33150**

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]** REGISTERED AGENT MUST SIGN

Date **9/27/97**

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] **DONALD R STEWART** **9/17/97** **305 7697007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (1/2/96)