PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000020108

1. Corporation Name

R & R SOUTH INDUSTRIAL SUPPLY. INC.

Principal Place of Business

Mailing Address

FILED

03 OCT 24 PH 4: 48

SECRETARY OF STATE TALLAHASSEE. FLORIDA

14725 SW 1747H STREET 14725 SW 17 MIAMI FL 33187 MIAMI FL 33					74TH STREET 187			REMSTATEMENT 03					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.													
New Principal Office Address, If Applicable 3. New Mail					ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/25/2000					
Suite, Apt. #, etc. Suite, Apt. #.				etc.			5. FEI Number	<u>-</u>	- 021	23/20	Applied For		
City & State City & Sta				,			65-0984825 Not Applicable						
Zip Country		Zip		Country CERTIFIC		CERTIFICATE	TE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status						
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	it corporations must l	ist at lea	ast 3 directors)						
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip					
PD	SBROCCO, NICHOLAS			14725 SW 174TH STREET				MIAMI FL 33187					
STD	SBROCCO, JACCI S			14725 SW 174TH STREET				MIAMI FL 33187					
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8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent						
SBROCCO; NICHOLAS 14725 SW 174TH STREET MIAMI FL 33187					Street Address (F								
	·				City				State FL	Zip Co	ode		
10. I, being		e registered agent of the abo	ove named corpo	eration, am f	amiliar with and acce	pt the ol	bligations of Secti		17.0505	_			

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10-18-03

305-<u>353-</u>800b

Daytime Phone #

to whom it may Concern.

we has at R+R South I notice Supply me. did not receive the notice for this prior to. to this last notice. We are sorry for the over eight in not kniving about this.

- in closed you will find our completed form and the Ohecle in the amount of 158.75.

Thank you Jacob Sproces