PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 13 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038408

1. Corporation Name
LIBERTY SUPPLY OF ORLANDO, INC.

REINSTATEMENT 01-04
300032614813
04/13/04--01071--002 **1208.75

2. Principal Office Address		3. Mailing Office Address	
2901 Titan Row		2901 Titan Row	
Suite, Apt. #, etc. Suite 130		Suite, Apt. #, etc. Suite 130	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32809	Country USA	Zip 32809	Country USA

4. Date Incorporated or Qualified To Do Business In Florida 04/10/2000

5. FEI Number 59-3643492 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
Mark Reifsnyder

Street Address (P.O. Box Number is Not Acceptable)
2901 Titan Row

Suite, Apt. #, Etc.
Suite 130

City: Orlando, State: FL Zip Code: 32809

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 4-7-04

REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Robert Rapchick	198 Upland Way	Haddonfield, NJ 08033
T/S/D	Mark Reifsnyder	450 Laucroft Road	Haddonfield, NJ 08033
D	Kenneth Rapchick	3180 Cross Keys Road	Glassboro, NJ 08028
D	Charles Rapchick	1 West Eagle Lane	Cherry Hill, NJ 08003
D	Martin Burke	7177 CR 1135	Leonard, TX 75452

10. 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: _____ MARK REIFSNYDER 4/7/04 (215)739-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #