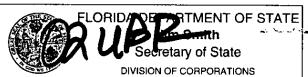
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



DOCUMENT # P01000065994

1. Corporation Name

FLORIDA CONTROLS AND SUPPLY COMPANY

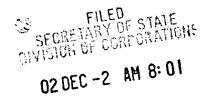
Principal Place of Business

Mailing Address

5224 CHISWICK CIRCLE

SIGNATURE:

5224 CHISWICK CIRCLE ORLANDO FL 32812



UNLANGOU FL 32012			ONLANDO FL 32812				;			
If above a	addresses are	incorrect in any way, line thro	ough incorrect in	nformation a	ınd enter i	correction below.				
New Principal Office Address, If Applicable 3. New N				failing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/03/2001			
2410 Dairy Road Suite, Apt. #, etc. Suite.				2410 Dairy Road						
_ Suite, Apt. #, etc.				uite, Apt. #, etc.			5. FEI Number Applied For			
City & State Melbourne Felorida City				City & State Melbourne Florida			59-3738864 Not Applicable			
Zip 3 24	104	Zip 32904 Country			USA	CERTIFICATE 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 corpora	tions must list at lea	st 3 directors)			
Title(s)	(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
D	LONG, SCOTT				5224 CHISWICK OIRCLE 1922 Pamlynne PLACE			ORLANDO FL 32812- WINDERMERE, FL 34786		
D	ARNOLD,		2410 DAIRY ROAD				MELBOURNE FL 32904			
0	SCHOPKE, JOHN			-678 HAMMOCK ROAD. COLVIGHTINGALE DRIVE			٧E	MELBOURNE VILLAGE FL 32904 INDIALANTIC FL 32903		
				,			000003230360 11/28/02400233080 200009239852 11/27/0201051014 **150.00			
							11/21/	UZU1U51U14 	**150.00	
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent			
LEISNER, RICHARD M 101 E KENNEDY BLVD SUITE 2700						Name JOHN SCHOPKE Street Address (P.O. Box Number is Not Acceptable) GOI NIGHTING DE DRIVE				
TAMPA FL 33602						Suite, Apt. #, Etc.				
						City	-ANTIC	State FL	Zip Code 32903	
10. I, being	appointed the	e registered agent of the above	ve named corpo	ration, am fa	amiliar wit	h and accept the ob	ligations of Secti	on 607.0505, F.S. or 617.0508	5, F.S.	
Signature of Registered	f Agent	SQUI A	GISTERED AGE			IRED		Date 11 18 07		

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.