

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
OR UAR
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -2 AM 8:01

DOCUMENT # **P01000065994**

1. Corporation Name

FLORIDA CONTROLS AND SUPPLY COMPANY

Principal Place of Business

**5224 CHISWICK CIRCLE
ORLANDO FL 32812**

Mailing Address

**5224 CHISWICK CIRCLE
ORLANDO FL 32812**



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

2. New Principal Office Address, If Applicable

2410 Dairy Road
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2410 Dairy Road
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2001

5. FEI Number

59-3738864

Applied For

Not Applicable

City & State

Melbourne Florida

City & State

Melbourne Florida

Zip

32904

Country

USA

Zip

32904

Country

USA

CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
D	LONG, SCOTT	5224 CHISWICK CIRCLE 1922 Pamlynn Place	ORLANDO FL 32812 WINDERMERE, FL 34786
D	ARNOLD, HENRY	2410 DAIRY ROAD	MELBOURNE FL 32904
D	SCHOPKE, JOHN	678 HAMMOCK ROAD 601 NIGHTINGALE DRIVE	MELBOURNE VILLAGE FL 32904 INDIALANTIC, FL 32903
			000009231360 11/26/02--01029--010 **150.00
			200009239852 11/27/02--01051--014 **150.00

8. Name and Address of Current Registered Agent

**LEISNER, RICHARD M
101 E KENNEDY BLVD SUITE 2700
TAMPA FL 33602**

9. Name and Address of New Registered Agent

Name

JOHN SCHOPKE

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

601 NIGHTINGALE DRIVE

Suite, Apt. #, Etc.

3

City

INDIALANTIC

State

FL

Zip Code

32903

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/18/02**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02

Date

(321) 773-3280

Daytime Phone #

12/5/02