

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 27 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO2000044368  
A & R Construction Supply Inc

500024099985

10/27/03--01005--009 \*\*150.00

2. Principal Office Address

896 Marshside Ct

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Jacksonville Bch, FL

City & State

Zip

32250

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/22/02

5. FEI Number

04-3647950

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Irene Woods

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

896 Marshside Ct

Suite, Apt. #, Etc.

City

Jacksonville Bch

State  
FL

Zip Code

32250

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

Irene Woods

REGISTERED AGENT MUST SIGN

Date

10/20/03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres   | Irene Woods                          | 896 Marshside Ct<br>Jax Beach                     | FL 32250           |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

Irene Woods

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

Daytime Phone #

904-403-7777

CR2E081 (10/02)

October 22, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

I am writing as a request to reinstate the tax identification number for my company. I was just informed by my attorney that the company was administratively dissolved and that I should have received a letter from the state. I never did receive a letter from the state requesting any information.

Therefore I am respectfully requesting that you reinstate the tax id without any penalty. Please find enclosed a check for \$150.00 which should cover the administrative fee.

Please feel free to call me at 904-403-7748 if you have any questions or reply in writing to:

A& R Construction Supply  
896 Marshside Ct  
Jacksonville Beach, FL 32250

Thank you.

Sincerely,



Irene Woods