

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000038047

**FILED**  
**Jul 02, 2013**  
**Secretary of State**

**Entity Name:** TSC SUPPLY COMPANY

**Current Principal Place of Business:**

5475 NE SAINT JAMES DRIVE  
356  
PORT SAINT LUCIE, FL 34983 US

**New Principal Place of Business:**

17940 N. TAMiami TRAIL, STE 110  
NORTH FORT MYERS, FL 33903 US

**Current Mailing Address:**

3070 LAKECREST CIRCLE  
400-251  
LEXINGTON, KY 40513 US

**New Mailing Address:**

17940 N. TAMiami TRAIL, STE 110  
NORTH FORT MYERS, FL 33903 US

**FEI Number:** 80-0061684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** CSC

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VD  
**Name:** SJOGREN, RAYMOND A  
**Address:** 17940 N. TAMiami TRAIL #110  
**City-St-Zip:** NORTH FORT MYERS, FL 33903 US

**Title:** PD  
**Name:** SJOGREN, MICHELLE  
**Address:** 17940 N. TAMiami TRAIL #110  
**City-St-Zip:** NORTH FORT MYERS, FL 33903 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** R. SJOGREN

VP

07/02/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date