

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000128647 1. Entity Name HORNER, SUPPLY INC.					
Principal Place of Business 112 BAY POINT DR NE ST PETERSBURG, FL 33704 US			Mailing Address 112 BAY POINT DR NE ST PETERSBURG, FL 33704 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 23-3533346 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				 REINSTATEMENT <small>40000001 REIN P 0R2E096 (1/07)</small>	
6. Name and Address of Current Registered Agent HORNER, BETH A 112 BAY POINT DR NE ST PETERSBURG, FL 33704					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Beth A. Horner</i></u> Beth A. Horner 10/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNER, ALAN J <input type="checkbox"/> Delete 112 BAY POINT DR NE ST PETERSBURG, FL 33704			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300111019969 10/22/07--01004--020 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORNER, BETH A <input type="checkbox"/> Delete 112 BAY POINT DR NE ST PETERSBURG, FL 33704			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES HORNER, ALAN J <input type="checkbox"/> Delete 112 BAY POINT DR NE ST PETERSBURG, FL 33704			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HORNER, BETH A <input type="checkbox"/> Delete 112 BAY POINT DR NE ST PETERSBURG, FL 33704			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Beth A. Horner</i></u> Beth A. Horner 10/13/07 353 0920 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					