2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					-	- ^	
DOCUMENT # P05000143940					FILED		
I. Entity Name OLD FLORIDA SUPPLY INC.					06 DEC 11 AH 8- 16		
					OG DEC 11	WH SE ID	
Principal Plac	e of Business	Mailing Address		-	SEARE LARY FAMILAHASSE	OF STATE	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IAH FALLS DRIVE	900 SAVANNAH FALLS E			FAMILANASSI:	E, FLORION	
WESTON, FL	33327 US	WESTON, FL 33327	US				#UP#1 {1 (##)
Principal Place of Business 3. Mailing Address				<u> </u>			
HOO NW MARKET PL 1355: VILLAGE Suite Apt. #, etc. Suite Apt. #, etc.				77 1		MINIS MERNIN DEL MENNING DE LA COMPETATION DE LA COMPETATION DE LA COMPETATION DE LA COMPETATION DE LA COMPETA	1930 TO 1930 1
Suite, Apr.	#, etc.	Suite, Apr. #, etc.		11	CELITYST	ATEWN	FRMC
City & Stat	STLUCIE FL	City & State JUPITER 1=			Number - 371 4451		pplied For Applicable
Zip	ST LUCIE, FL Country ST. LUCIE	Ziò /	Country		rtificate of Status Desired	\$8.75 Ad	lditional
3778	6. Name and Address of Current I		PALIY BE	4611	me and Address of New	Fee Require Registered Agent	30
EEDGUSG	ON TOANNE M		Name	MARVII	U BASS		
FERGUSON, JOANNE M 900 SAVANNAH FALLS DRIVE				Street Address (P.O. Box Number is Not Acceptable) (35 5: VILLAGE WAY			
WESTON,	FL 33327				aribe wa	7	
			City T	OPITEI		FL Zip Coo	de e
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 obligat	tions of registered agent.				12/	=12006	
SIGNATURE New Bass Signature, typod or primed name of registered agent and the fill applicable (NOTE: Registered Agent signature required when reinstating) DATE							
					1	W 007 400/0W)	
,	LE NOW!!! FEE IS \$150.00 huary 1, 2007, Fee will be \$300.0	o			corporation di	with s. 607.193(2)(b), d not receive the prior	notice.
10.	OFFICERS AND	L DIRECTORS	11.		TIONS/CHANGES TO OF		
TITLE NAME	DTS FERGUSON, JOANNE M	Delete	TITLE NAME		20002	-44- P. Change	Addition
STREET ADDRESS	900 SAVANNAH FALLS DRIVE		STREET ADDRESS	ļ	300082 12/11/06—010	59002 **15	58.75
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP				
TITLE NAME	FERGUSON, SAMUEL J	Delete	NAME	P/D/5	مرور المسيد	Change Change	Addition
STREET ADDRESS CITY-ST-ZIP	900 SAVANNAH FALLS DRIVE		STREET ADORESS City-St-Zip	7710 1	BEACH, FL	329/6	
TITLE	WESTON, FL 33327	☐ Delete	TITLE	V/DIS	Pricing	Charge	Addation
NAME			NAME.		WHITE	15 + 20 OT4	• •
STREET ADORESS, City-ST-ZIP			STREET ADDRESS CITY ST-21P	13928 WEST	PALM BEAC	4 FL 3341	<i>></i>
TITLE		☐ Delete	TITLE	TIDIS	BAND LAN PALM BEAC EY WEING	Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	STANL	EYWEINK	ELWAY	
CITY-ST-ZIP			CITY-ST-ZIP	FUPIT	ER, FA 33	458	
TITLE		☐ Delete	TITLE NAME	15/0/5	N BASS	Change	Addition
STREET ADDRESS			STREET ADDRESS	135 50	OTH VILLA	E WAY	
CITY-ST-Z#P		——————————————————————————————————————	CITY-ST-ZIF	TUPIT	OTH VILLA		T and the contract
TITLE NAME		☐ Delete	name		•	☐ Change	Addition :
STREET ADDRESS			STREET ADDRESS				
12. Lhereby	certify that the information supplied with	this filing does not qualify for	the exemptions	contained in Cha	oter 119, Florida Statutes	. I further certify that the	information
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	f, or on an attachment with an address, t	with all other like empowered.					
SIGNATURE: Mary 1303 12/6/2006 56/-575-3727							