

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 12 PM 3:32

DOCUMENT # P07000010211

1. Corporation Name

Edwards Wholesale Supplies, Inc.

W09-42664

2. Principal Office Address - No P.O. Box #
8799 Cortez Rd. W.

3. Mailing Office Address
PO. Box 826

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34210

Country

Manatee

Zip

34206

Country

Manatee

4. Date Incorporated or Qualified
To Do Business in Florida

23JAN2007

5. FEI Number
59-3841380

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
Edwards, Charles K.

Street Address (P.O. Box Number is Not Acceptable)
8799 Cortez Rd. W.

Suite, Apt. #, Etc.

City
Bradenton

State
FL

Zip Code
34210

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ch K Edwards

REGISTERED AGENT MUST SIGN

Date 18 September, 2009

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Edwards, Charles K.	8799 Cortez Rd. W.	Bradenton, FL 34210
President	Edwards, David G.	8799 Cortez Rd. W.	Bradenton, FL 34210

REINSTATEMENT 08-09 KS

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 contained in Chapter 119, 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:

David G. Edwards

David G. Edwards

18SEP2009

941.745.2363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #