

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08806**

1. Corporation Name

INDUSTRIAL SUPPLIES OF ALABAMA, INC.

Principal Place of Business

1439 PETTYJOHN ROAD
P.O. BOX 1507
SHANNON AL 35142
US

Mailing Address

P.O. BOX 1507
P.O. BOX 1507
BIRMINGHAM AL 35201
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

63-0254817

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PD | SMITH, LATHROP W. JR. | 1439 PETTYJOHN RD | SHANNON AL 35142 |
| V | ANDERSON, LARRY D. | 1439 PETTYJOHN RD | SHANNON AL 35142 |
| STD | FEATHERINGILL, WILLIAM W | 1439 PETTYJOHN RD | SHANNON AL 35142 |
| | | | |
| | | | |
| | | | |
| | | | |

700009007987
11/14/02--01089--016 **750.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

DALE W. MORRIS
DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date 10-31-02

REGISTERED AGENT MUST SIGN

11. 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:

DALE W. MORRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02 205-942-0111

Date

Daytime Phone #