


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 22 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS.

DOCUMENT # P38719

1. Corporation Name
The Home Depot Supply, Inc.

2. Principal Office Address 2455 Paces Ferry Rd, C-20		3. Mailing Office Address 2455 Paces Ferry Rd, C-20	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30339	Country USA	Zip 30339	Country USA

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida 5/1/1992

5. FEI Number 75-2007383

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

100043221021
12/06/04--01069--016 **751.00
100043221021
12/06/04--01069--017 **8.75

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  **Ailan Farnell, Vice President**

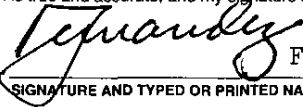
Date 11/19/2004

REGISTERED AGENT MUST SIGN

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
P	Jim Stoddart	2455 Paces Ferry Rd.	Atlanta, GA 30339
P T/D	Carol B. Tome	2455 Paces Ferry Rd.	Atlanta, GA 30339
S	Frank L. Fernandez	2455 Paces Ferry Rd.	Atlanta, GA 30339
VP	Francis S. Blake	2455 Paces Ferry Rd.	Atlanta, GA 30339
D	Francis S. Blake	2455 Paces Ferry Rd.	Atlanta, GA 30339
D	Frank L. Fernandez	2455 Paces Ferry Rd.	Atlanta, GA 30339

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 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:  **Frank L. Fernandez, Secretary**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/19/04

Daytime Phone #

CR2E081 (01/04)