

# 2004-FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P92000003095

1. Entity Name  
GUY INDUSTRIAL SUPPLY, INC.



FILED

04 NOV -9 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

ATTN: CRISSY  
9517 E.HWY 92  
TAMPA, FL 33610 US

Mailing Address

ATTN: CRISSY  
9517 E.HWY 92  
TAMPA, FL 33610 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11022004 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3151826

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUY, GARY  
3520 YALE CIRCLE  
RIVERVIEW, FL 33569

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

*GARY GUY*

Signature, typed or printed name of registered agent, and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME	P GUY, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	3520 YALE CIRCLE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE NAME	VP GUY, PHILLIP	<input type="checkbox"/> Delete
STREET ADDRESS	7108 COLONIAL LAKE DRIVE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE NAME	S GUY, MARGREAT	<input type="checkbox"/> Delete
STREET ADDRESS	7108 COLONIAL LAKE DRIVE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE NAME	T GUY, CINDY	<input type="checkbox"/> Delete
STREET ADDRESS	3520 YALE CIRCLE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200042605252
CITY-ST-ZIP	11/09/04--01065--004 **150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11/14/04* 833635-9666