ONIFORM BUSINESS REPORT (UBR) 06-27-2001 90005 046 ***150.00 06-27-2001 90292 001 ****17.50 DOCUMENT# 0616 F5001 90292 002 ***150.00 SELECTARY OF SP3060009985 SIVISION OF CORPORATIONS Outlet, Inc. 01 JUL -5 PM 12: 42 Mailing Address Principal Place of Business 1802 - ARAGON AVENUE 75507 LAKE WORTH, FlorIDA 33461 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFF HOINSTOCK
7308 Pine PARK Dr. N. Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FIA. 33467. Zip Code City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. Added to Fees _Trust Fund Contribution. . . (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11: OFFICERS AND DIRECTORS ☐ Addition PRESIDEN Change Oelete TITLE TITLE PRESIDENT JERF HOIMSTOCK 19308-PINE PK. DV.N. NAME NAME STREET ADDRESS STREET ADDRESS AKE WORLH, CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition Delete ππε TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: _ BIGNATURE AND TYPED OR PRINTED N

DO NOT REMOVE!

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JANITORS SUPPLY OUTLET, INC. 1802 ARAGON AVENUE

LAKE WORTH, FL 33461 OFFICE (561) 582-7844 FAX (561) 582-6277

OUHachment Doc# p9300009985

April 17, 2001
Florida Department of Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Janitors Supply Outlet, Inc. FEI # 65-0388954

To Whom It May Concern,

I am writing this letter to request that Janitors Supply Outlet, Inc. be exempt from paying the reinstatement fee.

Upon renewing my rental agreement, I learned my corporation was dissolved according to information that my landlord provided. I immediately contacted the Department of State to question why this occurred and discovered that I had never received the year 2000 UBR. Apparently, for whatever reason your records reflected an incorrect address during the year 2000, but it has since been corrected and I have received the current form at my present address. Additionally, I have always paid and filed all corporate liabilities on a timely basis since I have been in business. I never intentionally neglected this responsibility.

As such, please abate the reinstatement fee as I am enclosing payment for last year's filing fee. This year's fee and report will be sent under separate cover.

Thank you for your assistance with this matter,

Jeff Holmstock

Janitors Supply Outlet, Inc.