

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State
Division of Corporations

DOCUMENT # P93000031681

1. Corporation Name

Florida A&E Supply, Inc.

Principal Place of Business

Mailing Address

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 Address, If Applicable
Florida A & E Supply, Inc. Suite, Apt. #, etc. 1000 NW 1st Ave. #14	1000 NW 1st Ave. Suite, Apt. #, etc. N/A
City & State Boca Raton, FL	City & State
Zip 33432	Country Palm Bch Cty
Zip	Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-30-93

5. FEI Number

65-0406437

Applied For

Not Applicable

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)

Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
(P) Owner Pres	Murray Grenier	8613 Windy Circle	Boynton Bch, FL 33437
(VP) Owner VP	Patricia Grenier	8613 Windy Circle	Boynton Bch, FL 33437

8. Name and Address of Current Registered Agent

N/A

9. Name and Address of New Registered Agent

Name: Murray Grenier
Street Address (P.O. Box Number Is Not Acceptable)
8613 Windy Circle
Suite, Apt. #, Etc.
#14

City: Boca Raton

State: FL Zip Code: 33432

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date: 11/20/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes No

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Murray Grenier

SIGNATURE:

Murray Grenier

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/96 (561)391-1009

Date Daytime Phone #

CGE040 (12/95)

NOVEMBER 20, 1996

(D)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

FLORIDA A&E SUPPLY, INC.
1000 N.W. 1ST AVENUE #14
BOCA RATON, FL 33432

TO WHOM IT MAY CONCERN:

I AM WRITING THIS LETTER CONCERNING THE 1995 ANNUAL CORPORATION REPORT. I MOVED MY BUSINESS APPROXIMATELY TWO AND A HALF YEARS AGO. UNFORTUNATELY, I NEVER SENT A CHANGE OF ADDRESS TO THE DIVISION OF CORPORATIONS. WE JUST FIGURED THE REPORTS WOULD BE FORWARDED OVER TO OUR NEW ADDRESS. OBVIOUSLY THEY WERE NOT.

I APOLOGIZE FOR ANY PROBLEMS WHICH THIS MAY HAVE CAUSED. USUALLY ALL MY MAIL IS FORWARDED TO ME, ESPECIALLY SINCE I AM FRIENDS WITH THE MAIL CARRIER.

THANK YOU FOR YOUR UNDERSTANDING CONCERNING THE ABOVE MATTER.

SINCERELY



MURRAY GRENIER
FLORIDA A&E SUPPLY, INC.