PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 30 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033716

1. Corporation Name

A 2 Z PURCHASING CORP.

Principal Place of Business
HURRICANE DISTRIBUTION & WAREHOUSE CO., INC.
5535 35TH AVE
FORT LAUDERDALE FL. 33309

Mailing Address
P O BOX 450430
FORT LAUDERDALE FL.
33345

96-99
00

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

REINSTATEMENT _____

2. New Principal Office Address If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0483130 3 | 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PT	ERIC BARRAU	1931 MADEIRA DRIVE	WESTON FL. 33327

300002866283--8
-05/07/99--01015--007
***1200.00 ***1200.00

300002866283--8
-05/07/99--01015--008
******8.75 ******8.75

8. Name and Address of Current Registered Agent

ERIC BARRAU
1931 MADEIRA DRIVE
WESTON FL. 33327

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

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 [signature] Date 4/26/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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 exception 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: [signature] 4/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E06 (1/2/98)