

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 AUG 26 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065664

1. Corporation Name

D & J SUPPLY, INC.

Principal Place of Business

RT 7 BOX 7810
MM: 30 S OCEAN
BIG PINE KEY FL 33043
US

Mailing Address

PO BOX 430654
BIG PINE KEY FL 33043
US

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 Office Address, If Applicable

Suite, Apt. #, etc.

30320 Overseas Hwy
Big Pine Key FL
33043 USA

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

9899

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1994

5. FEI Number

65-0527062

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)

1 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
D	JORDAN, RANDY	RT 7 BOX 7810 MM: 30 S. OCEAN	BIG PINE KEY FL
D	SNIDER, JEFF	111 BARBADOS	RAMROD KEY FL 33042
ST	THORLEY, JOHN F	2660 YELLOWTIL DRIVE	MARATHON FL
			400002975244--7 -08/31/99-01085--016 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JORDAN, RANDY
RT 7 BOX 7810
BIG PINE KEY FL 33043

Name

Jordan Randy
Street Address (P.O. Box Number is Not Acceptable)

30320 Overseas Highway

Suite, Apt. #, Etc.

City

Big Pine Key

State

FL

Zip Code

33043

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.006, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

8/24/99

11. This corporation owes or has paid 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

82499
Date

(305) 872 0607
Daytime Phone #

KE