

# APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 15 PM 2: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000080218**

1. Corporation Name

**A & B DISCOUNT LUMBER & SUPPLY, INC.**

Principal Place of Business

Mailing Address

14 W. PLANT STREET  
WINTER GARDEN FL 34787

P.O. BOX 458  
OAKLAND FL 34760



**REINSTATEMENT**

07

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/1994

**SP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1583880

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
P	ANDERSON, ANDREW SR.	273 AVALON ROAD	WINTER GARDEN FL 34787
VP	QUARRELLS, LEON	6554 MERITMOOR CIRCLE	ORLANDO FL 32818
S	QUARRELLS, DELORES	6554 MERITMOOR CIRCLE	ORLANDO FL 32818
T	ANDERSON, ALLIE M	273 AVALON ROAD	WINTER GARDEN FL 34787
			300003522263-4
			-01/03/01--01063--003
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASMA, WILLIAM  
886 SOUTH DILLARD STREET  
WINTER GARDEN FL 34787

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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 *William Asma* Date 12/12/00  
REGISTERED AGENT MUST SIGN

11. 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: ANDREW ANDERSON *Andrew Anderson* 12122000 4078770927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #