

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

98 DEC 14 PM 2:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000085240

1 Corporation Name

RYMAR SUPPLY, INC

Principal Place of Business Mailing Address
 5022 NW 82 TERRACE 822 WILES RD
 CORAL SPRINGS, FL 33067 SUITE 218
 CORAL SPRINGS, FL 33067

REINSTATEMENT

*7-98
aw*

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

2. New Principal Office Address, If Applicable 911 NE 5th AVENUE Suite, Apt #, etc.		3. New Mailing Office Address, If Applicable 911 NE 5th AVENUE Suite, Apt #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/22/94	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL		5. FEI Number 62-1584144	
Zip 33304		Country USA		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 Titles	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
Pres.	IRENE SWANSON	911 NE 5th AVENUE	FT LAUDERDALE, FL
			100002718891--0 -12/22/98--01051--011 ***908.75 ***908.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DANIEL B CAPOBIANCO 867 NW 81 TERRACE PLANTATION, FLORIDA 33324		Name IRENE SWANSON Street Address (P.O. Box Number is Not Acceptable) 911 NE 5th AVENUE Suite, Apt. #, Etc. City FT LAUDERDALE State FL Zip Code 33304	

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 *Irene Swanson* Date 12-11-98
 REGISTERED AGENT MUST SIGN

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: *Irene Swanson* IRENE SWANSON 12-11-98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)