PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

2000 UBR

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085240

1. Corporation Name

RYMAR SUPPLY , INC.

Principal Place of Business	Mailing Address
911 NE5th AVENUE Ft. Lauderdale , Fl 33304	911 NE 5th AVENUE Ft Lauderdale,Fl 33304

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
1919 SW 24th Terrace	1919 SW 24th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale , Fl	City & State: Ft Lauderdale , Fl
Zip: 33312 Country: USA	Zip: 33312 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/22/94

5. FEI Number: 65-1584144 — 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
P/D	IRENE SWANSON	1919 SW 24th TERRACE	Ft LAUDERDALE,FL 33312

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8. Name and Address of Current Registered Agent

IRENE SWANSON
911 NE 5th AVENUE

FT LAUDERDALE , FL 33304

9. Name and Address of New Registered Agent

Name: IRENE SWANSON
Street Address (P.O. Box Number is Not Acceptable): 1919 SW 24th TERRACE
Suite, Apt. #, Etc.:
City: FT LAUDERDALE State: FL Zip Code: 33312

CR2E040 (1/99)

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 C. Swanson Pres. Date ✓ 7-27-00

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 C. Swanson Pres 7-27-00 954-792-4410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Irene C. SWANSON