

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



APPLICATION
FOR
REINSTATEMENT

97 DEC 22 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089815

1. Corporation Name

INDUSTRIAL MAINTENANCE &
SUPPLIES, INC.

Principal Place of Business

107 So DELAWARE
TAMPA FL 33606

Mailing Address

PO Box 419
TAMPA FL 33601

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

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

11/1/96

5. FEI Number

Applied For

☒ 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
PD	William Wilson	107 So DELAWARE TAMPA FL 33606	TAMPA FL 33606

900002383819--7
-12/26/97--01106--004
****165.00 ****165.00

A. Alan
12/22/97

8. Name and Address of Current Registered Agent

WILLIAM WILSON
3314 HENDERSON BLVD
SUITE 100 / CAPITAL SERVICES
TAMPA FL 33609

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

William Wilson

REGISTERED AGENT MUST SIGN

Date

12/18/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(j), 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:

William Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/97

Date

813 874 9907

Daytime Phone #

CP2504C-12-96

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INDUSTRIAL MAINTENANCE & SUPPLIES, INC.
PO BOX 419
TAMPA, FL 33601-0419

November 24, 1997

Division of Corporations
Department of State
PO Box 6327
Tallahassee, FL 32314

RE:Reinstatement of Corporation

Dear Sirs:

Please excuse us from the late filing fee for our annual report. While there is no way to determine why we did not receive the original Annual Report form at this late date, we do certify that it was never received by us or by our Registered Agent.

Enclosed is our Application for Reinstatement and a check for \$165.00.

Very truly yours


William Wilson