

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 JAN 21 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000031746

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1. Corporation Name

HCD Supply Company, Inc.

300003111903--2
-01/26/00--01113--002
****450.00 ****450.00

2. Principal Office Address

3635 Ft. Keis Ave.

3. Mailing Office Address

P.O. Box 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Labelle, FL

City & State

Alva, FL

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/97

5. FEI Number

65-0791373

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

John Larrimone

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

3635 Ft. Keis Ave.

Suite, Apt. #, Etc.

City

Labelle

State

FL

Zip Code

33935

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

John Larrimone
REGISTERED AGENT MUST SIGN

Date 12/29/99

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	John Larrimone	3635 Ft. Keis Ave.	Labelle, FL 33935

REINSTATEMENT 98-50
[Signature]

10. 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)(b), 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:

John Larrimone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/99
Date

(863) 675-4475
863 Daytime Phone #