

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

pg 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007128

1. Corporation Name

REARDON OFFICE SUPPLY, INC.

Principal Place of Business

8609 REGENCY PARK BLVD
PORT RICHEY FL 34652

Mailing Address

PO BOX 15258
CLEARWATER FL 33766



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

2. New Principal Office Address, If Applicable

8020 CONGRESS STREET

Suite, Apt. #, etc.

UNIT # 4

City & State

PORT RICHEY, FLORIDA

Zip

34668

Country

USA

3. New Mailing Office Address, If Applicable

8020 CONGRESS STREET

Suite, Apt. #, etc.

UNIT # 4

City & State

PORT RICHEY, FLORIDA

Zip

34668

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1998

5. FEI Number

59-3493017

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 3	City / State / Zip 4
P	MEYER, MICHAEL	2477 HIDDEN PINES LANE	CLEARWATER FL 33761
			300003464593--4 -11/15/00-01082-004 ****550.00 ****550.00

8. Name and Address of Current Registered Agent

MEYER, MICHAEL S
2477 HIDDEN PINES LANE
CLEARWATER FL 33761

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

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/19/00

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:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00

Date

Daytime Phone #

CR2E040 (8/00)

Reardon Office Supply, Inc.

8020 Congress, Unit 4
Port Richey, FL 34668
(727) 848-5115
(800) 433-8288
Fax (727) 849-4347

PS 2012

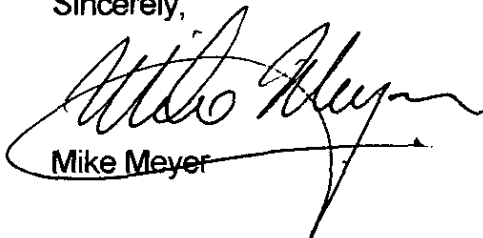
October 25, 2000

Dear Sir/Madam.

We recently received a NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION. This was a surprise to us as we mailed out our 2000 Corporation Annual Report with our check no. 1952 dated August 31, 2000 for \$550-00. On further investigation it has come to our attention that this check was never cashed. Please take this into consideration when you process our reinstatement.

Enclosed please find our Application for Reinstatement Form with our check no. 2689 dated October 22, 2000 for the amount of \$ 550-00. If this is not acceptable please call me on (727) 848-5115 or (800) 433-8288.

Sincerely,


Mike Meyer