

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -3 AM 8:00

DOCUMENT # 998000023057

1. Corporation Name

Primary Executive Services, Inc
DBA Supply ALL

REINSTATEMENT 02-04

2. Principal Office Address

1075 NW 121 Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1075 NW 121 LN

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

Broward

Zip

33071

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

03-1998

5. FEI Number

65-0836160

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patricia DeMilt

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

1075 NW 121 Lane

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code

33071

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/30/04

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
<u>Pres</u>	<u>Patricia DeMilt</u>	<u>1075 NW 121 LN</u>	<u>Coral Springs, FL</u> <u>33071</u>

400043170184
12/03/04--01033--013 **1050.00

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/04

Date

954-753-3736

Daytime Phone #

CR2E081 (01/04)