

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**CORPORATE
REINSTATEMENT**



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

FILED

00 FEB -2 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 81969

1. Corporation Name

AMERICAN OFFICE SUPPLY CO., INC.

2. Principal Office Address

1116-B EDGEWOOD AVE. N.

Suite, Apt. #, etc.

3. Mailing Office Address

1116-B EDGEWOOD AVE. N.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32254

Country

U.S.A.

City & State

JACKSONVILLE, FL

Zip

32254

Country

U.S.A.

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

SEPT. 22, 1998

5. FEI Number

59. 353 4425

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

JAMES E. WELKERSON, JR.

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

3324 LAKESHORE BLVD.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32210

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

1/26/00

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	JAMES E. WELKERSON, JR.	3324 LAKESHORE BLVD.	JACKSONVILLE / FL / 32210
V	NORMA J. BEVES	1760 GREENWOOD AVE	JACKSONVILLE / FL / 32205
			LS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. WELKERSON, JR.

Date

1/26/00

Daytime Phone #

904. 783. 2637