

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000089500

1. Corporation Name

ABC WHOLESALE EQUIPMENT, INC

FILED

07 JAN 10 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200084090522
01/12/07--01001--025 **1658.75

CR2E081 (12/05)

2. Principal Office Address

210 KIRBY THOMPSON ROAD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALVA, FL

City & State

Zip

33920

Country

HENDRY

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1998

5. FEI Number

65-0880143

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

AL CURRY

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

210 KIRBY THOMPSON ROAD

Suite, Apt. #, Etc.

City

ALVA

State

FL

Zip Code

33920

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

Date

1/4/07

REGISTERED AGENT MUST SIGN

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	AL CURRY	210 KIRBY THOMPSON ROAD	ALVA, FL 33920

Handwritten initials and date: JC 1/10

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 contained in Chapter 119, 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

Date

1/4/07

Daytime Phone #

239872-0998