

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

F. S. S. S.  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 20 PM 3: 58

**REINSTATEMENT** 05-06



08242006 REIN-P CR2E098 (11/05)

**DOCUMENT # P99000001981**

1. Entity Name  
PROFESSIONAL OFFICE SUPPLY, INC.

Principal Place of Business 1266 US HWY 41 BYPASS SOUTH VENICE, FL 34292	Mailing Address PO BOX 967 PELHAM, AL 35124
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0886400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DUNHAM, DAVID  
1266 US HWY 41 BYPASS SOUTH  
VENICE, FL 34292

**7. Name and Address of New Registered Agent**

Name: **J DAVID CAMPBELL EA**

Street Address (P.O. Box Number is Not Acceptable):  
**2511 VASCO ST STE 115**

City: **PUNTA GORDA** FL Zip Code: **33950**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: EA DATE: **8-28-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PVTD	<input type="checkbox"/> Delete
NAME	DUNHAM, DAVID	
STREET ADDRESS	132 FOREST PARKWAY	
CITY-ST-ZIP	ALABASTER, AL 35007	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUNHAM, DAVID	
STREET ADDRESS	132 FOREST PARKWAY	
CITY-ST-ZIP	ALABASTER, AL 35007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	500080264325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	09/28/06--01041--011	**300.00
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: DATE: **8-28-06** DAYTIME PHONE #: **705-485-9267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR