

Jan. 12, 2005 5:40PM

Hoffman, Levy, Bengio &amp; Co., PL

No. 4120 P. 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN 14 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104409

1. Corporation Name

A.E.F. SUPPLY INC.

2. Principal Office Address

9491 BARITONE CT.

Suite, Apt. #, etc.

3. Mailing Office Address

9491 BARITONE CT.

Suite, Apt. #, etc.

City &amp; State

BOCA RATON, FL

Zip

33496

Country

City &amp; State

BOCA RATON, FL

Zip

33496

Country

REINSTATEMENT 01-05

MRD

4. Date Incorporated or Qualified  
To Do Business in Florida

12/2/1999

5. FEI Number

65-0965784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

RALPH FUNT

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

9491 BARITONE CT.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of  
Registered Agent

Date 1-13-2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of<br>Officer and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|-------|-------------------------------------|---------------------------------------------------|----------------------|
| P     | RALPH FUNT                          | 9491 BARITONE CT.                                 | BOCA RATON, FL 33496 |
|       |                                     |                                                   |                      |
|       |                                     |                                                   |                      |
|       |                                     |                                                   |                      |
|       |                                     |                                                   |                      |
|       |                                     |                                                   |                      |
|       |                                     |                                                   |                      |

200044802142  
01/14/05--01053--017 \*\*750 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)(g), 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

1-13-2005

Date

561 488 3905

Daytime Phone #

2082

A.E.F. SUPPLY, INC.  
9491 BARITONE CT.  
BOCA RATON, FL 33496

January 12, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: DOC#P99000104409

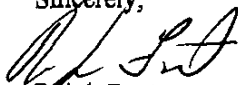
Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. I never received the renewal form. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed are the corporation reinstatement form and the fee of \$750.00 for the five years.

Thank you very much for your help and understanding.

Sincerely,



Ralph Funt  
President