PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA 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.

REINSTATEMENT 01-05
MRD

2. Principal Office Address	3. Mailing Office Address
9491 BARTONE CT.	9491 BARTONE CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33496 Country:	Zip: 33496 Country:

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 BARTONE 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 617.0503, F.S.

Signature of Registered Agent: Ralph Funt Date: 1-13-2005
REGISTERED AGENT MUST SIGN

CR2E031 (01/05)

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	RALPH FUNT	9491 BARTONE 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)(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: Ralph Funt 1-13-2005 561 488 3905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

January 12, 200512, 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 you help and understanding.

Sincerely,

Ralph Funt
President