

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 AM 11:53

DOCUMENT # P99000108962

1. Corporation Name

PASCO BLUEPRINT & SUPPLY CO., INC.

Principal Place of Business

Mailing Address

~~5090 MAIN ST~~
NEW PORT RICHEY FL 34652

~~5323 MAIN ST~~
NEW PORT RICHEY FL 34652



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5323 MAIN ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1999

5. FEI Number

59-3619701

Applied For

Not Applicable

City & State
NEW PORT RICHEY, FL

City & State

Zip
34652 PASCO

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROBERTS, ROLLAND	2707 MCNAIR DRIVE	PALM HARBOR FL 34683
VP	ROBERTS, GLENDA J	2707 MCNAIR DRIVE	PALM HARBOR FL 34683

600004679536--9

-11/14/01-01094-001

****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

~~SCHALLES, LARRY C~~
~~5728 MAIN ST~~
~~NEW PORT RICHEY FL 34652~~

REMOVE

9. Name and Address of New Registered Agent

Name
ROLLAND ROBERTS - PASCO BLUE
Street Address (P.O. Box Number is Not Acceptable)
5323 MAIN ST.
Suite, Apt. #, Etc.
City
NEW PORT RICHEY State
FL Zip Code
34652

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-22-01

11. 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

Date

Daytime Phone #

10-22-01

727
847-1251

CR2040 (9/01)

292

PASCO BLUEPRINT & SUPPLY CO., INC.
5323 MAIN ST.
NEW PORT RICHEY, FL 34652
727-847-1251

10-23-2001

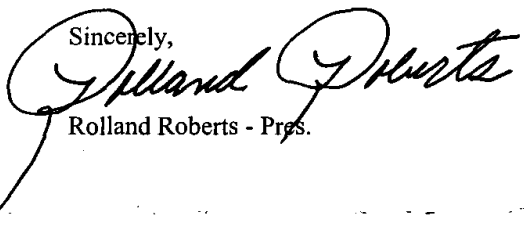
Florida Dept. Of State
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Department of State:

I was shocked to receive the enclosed Notice of Dissolution in the mail on 10-17-2001 since I never received any prior notices about the annual business report or the fee. Upon inspection, I also noticed that you have my address wrong. This is probably why I never received it. The only reason I got it this time is because the postal worker knew me and brought it to my correct address.

Please accept the regular \$150 filing fee due to the above circumstances beyond my control.

Sincerely,


Rolland Roberts - Pres.