

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S99576**

1. Corporation Name

FOUR S DISTRIBUTION CO.

Principal Place of Business

2708 E HANNA AVE
TAMPA FL 33610

Mailing Address

2708 E HANNA AVE
TAMPA FL 33610

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1991

5. FEI Number

59-3102618

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee

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
DVT	SWARTZ, TIMOTHY D	3317 FOXRIDGE CIR	TAMPA FL 33618
PD	SWARTZ, DEANNE M	1713 MAGDALENE MANOR	TAMPA FL 33613

700003061137--3.
12/06/99 01021 020
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

SWATZ, TIMOTHY D
1317 FOXRIDGE CIRCLE
TAMPA FL 33618-2150

9. Name and Address of New Registered Agent

Name
Swartz, Deanne
Street Address (P.O. Box Number is Not Acceptable)
1713 Magdalene Manor
Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33613

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Deanne M Swartz **REQUIRED**
REGISTERED AGENT MUST SIGN

Date **11-11-99**

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:

Deanne M Swartz **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-11-99** 813-968-8274
Daytime Phone #

FILED

99 NOV 17 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

CR25140 (8/99)