

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN -8 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50423
1. Corporation Name **FORCE ONE SURPLUS**
P.O. BOX 3252
NO. FORT MYERS, FL 33918

Principal Place of Business Mailing Address
FORCE ONE SURPLUS
2509 BLANDING BLVD.
JACKSONVILLE, FL 32210

REINSTATEMENT 97-99

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 1991

5. FEL Number 59-3138716

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	JAMES R. CHESTER	3280 PALM BEACH BLVD. FORT MYERS, FL 33916	FORT MYERS, FL 33916
DIR	WALTER J. WIGHTMAN	2509 BLANDING BLVD.	JACKSONVILLE, FL 32210
DIR.	WAYNE E. SMITH	6000 66TH ST. NORTH	ST. PETERSBURG, FL 33709

8. Name and Address of Current Registered Agent
JAMES R. CHESTER
920 S.W. 51ST TERR.
CAPE CORAL, FL 33914

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 James R. Chester REGISTERED AGENT MUST SIGN Date 1-6-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: James R. Chester **JAMES R. CHESTER** 1-6-99 941-334-4085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22E040 (1/98)