

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 # 150423
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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>1991</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEL Number <u>59-3138716</u>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
500002743035-9 -01/15/99-01009-016 ***1050.00 ***1050.00			

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 FL Zip Code	
--	--	---	--

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 Date 1-6-99
REGISTERED AGENT MUST SIGN

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 #

CR22040 (1/98)