05/18/1999 10:30 CCRS → 14073318965 NO.996 D02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAY 18 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67118

1 Corporation Name
Tri-County Supply, Inc.

Principal Place of Business / Mailing Address
415 S. Country Club Rd.
Lake Mary, FL 32746

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

REINSTATEMENT 93-99

2 New Principal Office Address, If Applicable	3 New Mailing Office Address, If Applicable
612 W. Evergreen Ct.	
Suite, Apt. #, etc	Suite, Apt. #, etc.
Longwood, FL	City & State
Zip 32750 / Country USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 9-25-92

5. FEI Number: 59-3141731 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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.	Cheryl A. Greene	415 S. Country Club Rd.	Lake Mary, FL 32746

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***1650.00 ***1500.00

8. Name and Address of Current Registered Agent

Cheryl A. Greene
415 S. Country Club Rd.
Lake Mary, FL 32746

9. Name and Address of New Registered Agent

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

CR2E061 (12/96)

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: Cheryl A. Greene Date: 5-17-99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: Cheryl A. Greene 5-17-99 407-331-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #