PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

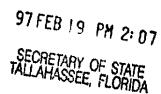
1. Corporation Name

J75443

NORM'S ELECTRONICS INC.

Principal Place of Business

Mailing Address



12546 NW 7TH AVE. MIAMI FL 33168-2620			12546 NW 7TH AVE. MIAMI FL 33168-2620								
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili					nformation and enter correction below. ng Office Address, If Applicable			orated or Qualified			
Suite, Apt. #, etc. Suite, Apt.				⊭, etc.			U3/21/1881				
City & State			City & State				5. FEI Number	59-2821078		Applied For Not Applicable	
Zip Country		Zip Coun		Country	fry 6. CERTIFICA		TE OF STATUS DESIRED 58.75 Additional Fed required for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer and	I/or Director (Flor	ida nonprof	it corporations must	list at lea	ast 3 directors)	·····			
Title(s) Name of Officers and/or Directors				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N)				
PST	DUPONT, NORMAN			18950 NW 7TH AVE				MIAMI FL			
							6	000020 -02/20/9 ****915	929. ?010 .00 *	463 30008 ***\$915.00	
						RE	INSTA	TEMENT	<u> 190</u>	U-97 A. Mas	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent						
DUPONT, NORMAN 12546 NW 7TH AVE. MIAMI FL 33168-2620					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code						
Signature o Registered	Agent _	e registered agent of the ad	EdiSTEREDAG	ENT MUST	SIGN	ept the o	bligations of Secti	on 607.0505, F.S.	FL 6/9-	7	
11. Do	es this ept. of R	corporation pay a evenue under S	any intang 199.032,	ible tax Florida	t to the Statutes.	Yes	⋈ № □		her side for i n intangible		
this reir owed b	istatement ap y the corporat	officer or director or the rece plication, the reason for diss ion have been paid and the true and accurate, and my s	olution has been names of individu	eliminated, uals listed o	the corporate name n this form do not q	satisfies ualify for	the requirements an exemption und	of section 607.0401 or	617.0401, F	.S., that all fees	

NOCMAN & NAME OF SIGNING OFFICER OR DIRECTOR