

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FORM 1  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # **193545**

1. Corporation Name

**PENSACOLA APPLIANCE COMPANY INC**

Principal Place of Business

Mailing Address

1810 BARRANCAS AVE  
PO BOX 266  
PENSACOLA FL 32592

1810 BARRANCAS AVE  
PO BOX 266  
PENSACOLA FL 32592

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



**REINSTATEMENT 98**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/01/1956	
City & State		City & State		5. FEI Number	
Zip		Country		59-0774917	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	
				\$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
PT	MARTIN, R.G. III	953 VESTAVIA WAY	GULF BREEZE FL
VD	PAPE, C.M., JR	2404 CAVALLA LOOP	PENSACOLA FL
D	MARTIN, SARAH E.	953 VESTAVIA WAY	GULF BREEZE FL
			700002698567--4 -12/01/98--01028--021 ****750.00 ****750.00 11/123

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, R. G. III 704 BAYSHORE DR PENSACOLA FL 32507	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

**SIGNATURE REQUIRED**

Date 11-16-98

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)(f), 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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-16-98

850-438-4688  
Daytime Phone #

CR2E040 (8/98)