

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 308958

Corporation Name

West Orange Appliances, Inc.

FILED

02 NOV 22 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900009352489

12/04/02--01065--012 **8.75

Principal Office Address

1600 Phillips Road

, Apt. #, etc.

3. Mailing Office Address

11600 Phillips Road

Suite, Apt. #, etc.

& State

Groveland, FL

City & State

Groveland, FL

4736

Country
USA

Zip

34736

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1966

5. FEI Number

591152035

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

George L. Berry

Street Address (P.O. Box Number is Not Acceptable)

14435 Lost Lake Road

Suite, Apt. #, Etc.

City

Clermont

State
FL

Zip Code
34711

, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

George L. Berry
George L. Berry

REGISTERED AGENT MUST SIGN

Date 11-21-02

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	George L. Berry	14435 Lost Lake Road	Clermont, FL 34711
Secretary	George L. Berry	14435 Lost Lake Road	Clermont, FL 34711
Treasurer	Tami L. Berry	237 N. Highland Avenue	Winter Garden, FL 34787

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:

George L. Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-02

Date

407-644-1960

Daytime Phone #

272

LYNN WALKER WRIGHT, P.A.

PROFESSIONAL ASSOCIATION
ATTORNEY AT LAW

LYNN WALKER WRIGHT
ALSO ADMITTED IN GEORGIA

TELEPHONE (407) 656-5500
FACSIMILE (407) 656-5898

2716 REW CIRCLE, SUITE 102
OCFEE, FLORIDA 34761

November 22, 2002

Via Hand Delivery

Ms. Michelle Milligan
Division of Corporations
Attn: REINSTATEMENT SECTION
P.O. Box 6327
Tallahassee, Florida 32314

**RE: WEST ORANGE APPLIANCES, INC.
Our File Number: 527-001**

Dear Sir/Madam:

Pursuant to our conversation of yesterday afternoon, enclosed please find an Application for Reinstatement of the above-referenced corporation. I have also enclosed two (2) checks in the amount of \$150.00 and \$8.75 to cover the cost of same.

Also, by this letter, I am requesting, that the late fee of \$600.00 be waived as the Registered Agent, L.W. Funk is deceased and his date of death is May 7, 2001. Also the Uniform Business Report was not received by the corporation as the address was the same as the Registered Agent. I have enclosed a copy of his Death Certificate for your reference.

If you should require anything further, please feel free to contact this office. I appreciate your attention in this regard and look forward to confirmation of Reinstatement.

Sincerely,
LYNN WALKER WRIGHT, P.A.


LYNN WALKER WRIGHT

LWW:mtb
Enclosure
funk\corres\sec state