

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 308958

1. Corporation Name

WEST ORANGE APPLIANCES INC

Principal Place of Business

Mailing Address

41600 PHILLIPS RD
GROVELAND FL 34730

41600 PHILLIPS RD
GROVELAND FL 34730

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

2. New Principal Office Address, If Applicable

14435 Lost Lake Rd

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

3. New Mailing Office Address, If Applicable

14435 Lost Lake Rd

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1966

5. FEI Number

59-1152035

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
PS	BERRY, GEORGE L	14435 LOST LAKE ROAD	CLERMONT FL 34711
T	BERRY, TAMI L	237 N HIGHLAND AVE	WINTER GARDEN FL 34787

8. Name and Address of Current Registered Agent

BERRY, GEORGE L
14435 LOST LAKE ROAD
CLERMONT FL 34711

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. or 617.0505, F.S.

Signature of
Registered Agent

George L Berry

REGISTERED AGENT MUST SIGN

Date

10/21/03

11. 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

Date

10/21/03 407-832-5237

Daytime Phone #

CR2E040 (7/03)

WEST ORANGE APPLIANCES, INC.

14435 Lost Lake Road
Clermont, FL 34711

October 21, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: West Orange Appliances, Inc.
Document # 308958

To Whom it May Concern:

Attached please find the Application for Reinstatement for West Orange Appliances and a check for \$150.00 for reinstatement. The corporate address has been changed to 14435 Lost Lake Road, Clermont, FL 34711.

This is the first notice received by the corporation. The corporation did not receive any prior notices.

Thank you for your assistance in this reinstatement.

Sincerely yours,

A handwritten signature in cursive script that reads "George L. Berry".

George L. Berry
President