

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC 24 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 344457

1. Corporation Name

NOVA SALES INC

Principal Place of Business

Mailing Address

2515 DRANE FIELD RD  
LAKELAND FL 33811  
US

2515 DRANE FIELD RD  
LAKELAND FL 33811  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/1969

5. FEI Number

59-1237060

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
M	ROWAN, MICHAEL	208 PALMOLA ST	LAKELAND, FLORIDA 00000
CD	GRAHAM, JOHN T.	214 BARRY COURT	LONGWOOD FL
D	SAJOVETZ, R R	13323 GOLF CREST CIRCLE	TAMPA, FLORIDA 00000
D	BRYANT, A C	4425 MT VIEW DRIVE	LAKELAND, FLORIDA 00000
PD	LIGORI, J.A.	1305 BROOKER ROAD	BRANDON FL
S	BROWN LEE, VERNON	5322 DORMAN RD	LAKELAND FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIGORI, JOE A.  
1305 BROOKER RD.  
BRANDON FL 33511

Name

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

Suite, Apt. #, Etc.

City

600002724066--6

-12/28/98 and 01/24/99-003

\*\*\*\*150.00 \*\*\*\*150.00

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

*Joe A. Ligori*  
REGISTERED AGENT MUST SIGN

**SIGNATURE REQUIRED**

Date 12/17/98

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)(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:

*John T. Graham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED**

12/14/98  
Date

941-648-5708  
Daytime Phone #

CR2E040 (9/98)