

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 23 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 832913

1. Corporation Name

INDUSTRY GENERAL CORPORATION

Principal Place of Business

Mailing Address

5384 POPLAR AVE #500
P.O. BOX 17221
MEMPHIS TN 38119

5384 POPLAR AVE #500
P.O. BOX 17221
MEMPHIS TN 38119

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-0869811

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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 3 | City / State / Zip 4 |
|----------------|-------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|
| PD | DAVENPORT, W.H. <i>chg</i> | 1255 HAYNE RD. | MEMPHIS TN |
| VD | RONE, JAMES <i>chg</i> | 5384 POPLAR | MEMPHIS TN |
| VD | BOSCACCY, MICHAEL <i>chg</i> | 5384 POPLAR AVE #500 | MEMPHIS TN |
| SD | PRUITT, ROBERT <i>chg</i> | 5384 POPLAR AVE., #500 | MEMPHIS TN 38119 |
| TD | DAVENPORT, BILL <i>chg</i> | 5384 POPLAR AVE #500 | MEMPHIS TN 38119 |
| List attached. | | | 608083455726-8 -11/07/00--01098--013 ***750.00 ***750.00 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Barbara A. Burke
BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date *11/19/00*

CR2E040 (3/00)

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:

Barbara A. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00 (901) 683-5222
Date Daytime Phone #

OFFICERS

PRESIDENT –

WILLIAM HERMAN DAVENPORT, II
1468 PINE SHADOW DRIVE
MEMPHIS, TN 38120

VICE PRESIDENT –

DAVID JON MARTIN
775 UPPER SALT RIVER ROAD
DANVILLE, KY 40422

TREASURER –

ROBERT LEWIS ZITNEY
54 WESTLAKE ROAD
TRUMBULL, CT 06430

SECRETARY –

ROBERT MARC MILLER
5 WINSLOW ROAD
WESTON, CT 06883