

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

**FILED**

99 NOV 22 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 839332  
1 Corporation Name  
LIST INDUSTRIES INC

Principal Place of Business Mailing Address  
401 N.W. 12th AVE.  
P.O. Box 9601  
DEERFIELD BCH, FL 33442

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 1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 36-2391343	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See Instructions on reverse of this form for details.</small>					

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
CEO	HERBERT A. LIST	401 N.W. 12th AVE	DEERFIELD BCH, FL 33442
PRESIDENT	HERBERT A. LIST JR.	401 N.W. 12th AVE	DEERFIELD BCH, FL 33442
			500003060575--7 -12/03/99--01098--004 ***1200.00 ***1200.00
			500003060575--7 -12/03/99--01098--005 *****8.75 *****8.75
REINSTATEMENT 96-99			ITS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERBERT A. LIST  
401 N.W. 12th AVE  
DEERFIELD BCH, FL 33442

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

*H.A. List*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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:

*H.A. List*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000001 (12/96)