

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F01000001918

1. Corporation Name

NAT SHERMAN INC.

Principal Place of Business

629 W. 54TH ST  
NEW YORK CITY NY 10019

Mailing Address

629 W. 54TH ST  
NEW YORK CITY NY 10019

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, Etc.  
NAT SHERMAN INC.  
7815 BOEING DRIVE  
GREENSBORO, NC 27409

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, Etc.  
NAT SHERMAN INC.  
2200 FLETCHER AVENUE  
FORT LEE, NJ 07024

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/2001

5. FEI Number

13-1975226

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
P	SHERMAN, JOEL J	139 MAPLE STREET	ENGLEWOOD NJ
VS	SHERMAN, WILLIAM M	321 N PLEASANT AVE.	RIDGEWOOD NJ
V	CARBONE, LOUIS S	4 CABERNET COURT	HUNTINGTON NY
T	SHERMAN, LAURENCE	235 WEST END AVE 80 CHANDLER Road	NEW YORK NY CHATEM, NJ 07928

900008829299  
11/06/02-01073-003 \*\*150.00

8. Name and Address of Current Registered Agent

SACHETTE, JOSEPH  
8301 BARDMOOR BLVD 211  
LARGO FL 33777

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-1-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

FIFTH AVENUE NEW YORK



Nat Sherman

SINCE 1930

2052

10/29/02

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

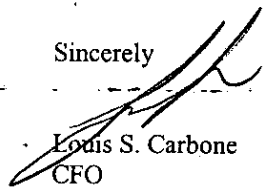
RE: Notice of Administrative Dissolution or Revocation

Dear Sirs:

Please be advised that we did not receive the two prior uniform business report (UBR) notices. Our office location had moved on June 13<sup>th</sup> and several memos had been sent out to all our vendors and government agencies notifying them of the address change. Also, attached is a copy of the post office label on the mailing just received for revocation with the old address.

Enclosed please find the application for reinstatement and the \$150.00 filing fee as we are requesting the penalty be waived.

Sincerely

  
Louis S. Carbone  
CFO