

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H90885

1. Corporation Name

NATIONAL APPLIANCE, INC.

Principal Place of Business

5853 MARGATE BLVD.
MARGATE FL 33063

Mailing Address

5853 MARGATE BLVD.
MARGATE FL 33063

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1985

5. FEI Number

59-2694802

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PV	VIRILIO, CARL	5853 MARGATE BOULEVARD	MARGATE FL
STC	VIRILIO, CARL	5853 MARGATE BOULEVARD	MARGATE FL

8. Name and Address of Current Registered Agent

BIGGE, ROBERT JAMES, ESQ.
1120 SOUTHEAST THIRD AVENUE
SUITE 307C
FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name: Carl Virgilio
Street Address (P.O. Box Number is Not Acceptable): 5853 Margate Blvd
Suite, Apt. #, Etc.:
City: Margate
State: FL
Zip Code: 33063

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

Carl Virgilio, Pres.

IF REGISTERED AGENT MUST SIGN

Date

12-5-97

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:

Carl Virgilio, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-5-97 (954) 979-3991

Daytime Phone #

CR2500 (8/97)