

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L92170

1. Corporation Name

LITTLE GIANT POWER SUPPLIES, INC.

W98006014341

Principal Place of Business

Mailing Address

8220 LILLIAN HIGHWAY  
PENSACOLA FL 32506

8220 LILLIAN HIGHWAY  
PENSACOLA FL 32506

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

07/18/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3042783

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
D	SCLEASE, ANTHONY E.	8220 LILLIAN HWY.	PENSACOLA FL
D	SCLEASE, JOSEPH L.	8220 LILLIAN HWY.	PENSACOLA FL

600002583136--7  
-07/08/98--01071--014  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHASE, JAMES L.  
101 E. GOVERNMENT STREET  
PENSACOLA FL 32501

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

Joseph L. Sclease

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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:

Joseph L. Sclease

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 JUL -1 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 96-98

CP2E040 (7/96)