

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1996 NOV -6 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M36906

1. Corporation Name

NAPCO ELECTRIC, INC.

Principal Place of Business

12340 N.W. 21 CT
PLANTATION FL 33323

Mailing Address

1859 N PINE ISLAND RD
STE - 168
PLANTATION FL 33322
US

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

REINSTATEMENT

file

4. Date Incorporated or Qualified
To Do Business In Florida

08/15/1986

5. FEI Number

59-2726282

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
PD	NAPOLITANO, MARY	12340 NW 21 CT	PLANTATION FL
STD	NAPOLITANO, TIM	12340 N.W. 21 CT	PLANTATION FL

300002003643--7
-11/13/96--01176--019
****383.75 ****383.75

8. Name and Address of Current Registered Agent

NAPOLITANO, TIM
12340 N.W. 21 CT
PLANTATION FL 33323

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/31/96**

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10/31/96 954 472 4245

Date

Daytime Phone #

CR2ED40 (7/96)