

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 19 PM 12:46

DOCUMENT # P40615

1. Corporation Name

NATIONAL CONVEYOR AND SUPPLY COMPANY

Principal Place of Business

2000 AVE #P  
SUITE 11 & 12  
RIVIERA BCH FL 33404  
US

Mailing Address

2000 AVE #P  
SUITE 12 & 11  
RIVIERA BCH FL 33404  
US

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

2. New Principal Office Address, If Applicable

1380 15 ST WEST

Suite, Apt. #, etc.

RIVIERA BEACH

City & State

FLORIDA

Zip

33404

Country

USA

3. New Mailing Office Address, If Applicable

1380 15 ST WEST

Suite, Apt. #, etc.

RIVIERA BEACH

City & State

FLORIDA

Zip

33404

Country

USA

REINSTATEMENT

To Do Business in Florida

09/24/1992

5. FEI Number

38-3101410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Fee to be paid to the Department of State

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
PCD	BRANER, HAROLD	8751 BRIDGE STREET	RIVER GROVE IL 60171
SD	DESILVA, ROBERT	4400 WEST PALM DRIVE STE 200 1380 15 ST WEST	WEST PALM BEACH FL RIVIERA BEACH, FL 33404
D	DEMINA, STEVE	4400 WEST PALM DRIVE STE 200 1380 15 ST WEST	WEST PALM BEACH FL RIVIERA BEACH FL 33404
			700003063627--1 -12/07/99--01097--019 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

GERSON, GARY N., ESQ.  
1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name  
ROBERT DE SILVA  
Street Address (P.O. Box Number is Not Acceptable)  
1380 15 ST WEST  
Suite, Apt. #, Etc.

City  
RIVIERA BEACH

State  
FL

Zip Code  
33404

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

REQUIRED

Date 10/15/99

REGISTERED AGENT MUST SIGN

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/99

Daytime Phone #