

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
D1-024BR
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -7 PM 4:00

DOCUMENT # P93000000701

1. Corporation Name

ABC APPLIANCE, INC.

Principal Place of Business

Mailing Address

2150 GRAND BLVD.
HOLIDAY FL 34690

2150 GRAND BLVD.
HOLIDAY FL 34690



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

12/30/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

59-3155360

Applied For

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 3	City / State / Zip 4
DP	LITTLE JOHN, MARK R	4960 MARLIN DR.	NEW PORT RICHEY FL 34652

400005172944--6

-03/27/02--01084--031

****300.00 ****300.00

Bar

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LITTLEJOHN, MARK R
4960 MARLIN DR.DRIVE
NEW PORT RICHEY FL 34652

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

Mark Littlejohn
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/22/02

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.

AD

SIGNATURE:

Mark Littlejohn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02

Date

Daytime Phone #

CR2E040 (8/01)

To whom it may concern
 please reinstate ABC APPLIANCE INC.
 as I have not yet received Uniform Business
 Report
 Don't recall ever seeing such a thing

Found this out Fri 2/27/02
 BYCALLING 1-850-245-6059
 please Respond as soon as possible
 so this matter can be resolved
 enclosed is 300⁰⁰ as requested

your truly
 Mark Littlejohn
 MARK LITTLEJOHN

AKA ABC APPLIANCES INC
 2150 Grand Blvd
 Holiday FL 34690