

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

98-99 AR
DISSOLUTION OF CORPORATIONS

FILED

9 JUL 11 AM 11:57

OFFICE OF THE
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 980000003720

1. Corporation Name

Appliance Connection Corporation

Principal Place of Business

Mailing Address

5648 SW 104 Ter
Gainesville, FL 32608

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 9899

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 7, 1993

5. FEI Number

59-3202945

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 |
|---------------|---|--|-------------------------|
| Co-President | Rodney Potolicchio | 8055 Copenhagen Way | Boca Raton, FL 33434 |
| Co-President | Carol Gerard | 5648 SW 104 Ter Gainesville, FL | Gainesville, FL 32608 |
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****900.00 ****900.00

8. Name and Address of Current Registered Agent

Carol Gerard
5648 SW 104 Ter
Gainesville, FL 32608

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

Carol Gerard

REGISTERED AGENT MUST SIGN

Date 5/24/99

11. This corporation owes 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 individual's 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:

Carol Gerard, Co-Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/99
Date

352 371-3887
Daytime Phone #

CR2001 (12/98)