PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-9 REINSTATEMENT

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

FILED
99 APR 13 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046784

1. Corporation Name
NORIX/YORK INDUSTRIES, INC.

Principal Place of Business
P.O. Box 15280
Fort Lauderdale, FL 32318

Mailing Address
c/o Michael B. Udell
5745 S. University Drive
Davie, Florida 33328

REINSTATEMENT 97-99 R88 4/13/99

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

4. Date Incorporated or Qualified To Do Business in Florida
6-20-94

5. FEI Number
65-0505856 | 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
C/P/D	Karl, Richard D.	1825 Persimmon Drive	St. Charles, IL
VP/S/D	Karl, Heather L.	1825 Persimmon Drive	St. Charles, IL
Asst S	Boylan, Michael G.	5 North Third Street	Geneva, IL 60134
Asst S	Udell, Michael	5745 S. University Dr	Davie, FL 33328

[illegible]
-04/23/99--01010--010
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent
Michael B. Udell, Esquire
5745 S. University Drive
Davie, FL 33328

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] 4/7/99 Date

REGISTERED AGENT MUST SIGN

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 individuals listed on this form do not qualify for any 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD D KARL

4-5-99 Date

630 231-1331 Daytime Phone #