

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **295000047846**

1. Corporation Name

ST. GEORGE WAREHOUSE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

SAME

**10255 N. W. 116th WAY
MEDLEY, FL 33178**

REINSTATEMENT

46-97
ad

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

2. New Principal Office Address, If Applicable

10255 N.W. 116th WAY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 16, 1995

5. FEI Number

65-0625030

Applied For

Not Applicable

City & State

MEDLEY FL

City & State

Zip **33178**

Country

USA

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	ANTHONY M. FORTUNATO	30 VERRAZANO DRIVE	MIDDLETOWN, NJ
VICE PRES.	JORGE L. CRUET	2021 BEVERLY PLAZA APT. # 140	LONG BEACH, CA 90815

000002213550--3
-06/16/97--01155--022
****915.00 ****915.00

8. Name and Address of Current Registered Agent

GOERGE O'SHEA

9. Name and Address of New Registered Agent

Name

JOHN OTTEN

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

10955 S.W. 15TH ST

Suite, Apt. #, Etc.

APT. # 111

City

PENBROKE PINE

State

FL

Zip Code

33025

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

REGISTERED AGENT MUST SIGN

Date **MAY 19, 1997**

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:

JORGE L. CRUET, VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 19, 1997

Date

(310) 764-4395

Daytime Phone #

CR2E040 (12/96)