

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000073026

9 - 26 - 97

1. Corporation Name

NATIONAL BROKERS & LIQUIDATORS, INC.

W00-5899

2. Principal Office Address

1705 49th Str. So.

3. Mailing Office Address

P.O. BOX 47007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulfport

City & State

St. Pete, Fl

Zip

Country

Zip

Country

33707

33743

REINSTATEMENT

97-00

4. Date Incorporated or Qualified
To Do Business in Florida

8-29-'96

SP

5. FEI Number

59-3404098

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Renick R. Silie

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

1705 49th Street South

Suite, Apt. #, Etc.

City

Gulfport

State

FL

Zip Code

33707

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date FEB. 28, 2000.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PRES. | Renick R. Silie | 1705 49th Street South | Gulfport, FL 33707 |
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10. 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 28, 2000 727 327 0335

Date

Daytime Phone #

CR2E081 (9/99)