

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 10 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000073026**
1. Corporation Name
NATIONAL BROKERS AND LIQUIDATORS, INC.

REINSTATEMENT 01-02

2. Principal Office Address 5420 Central Avenue		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State	
Zip 33707	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 8/29/96	
5. FEI Number 593404098	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name CONNOLLY SILIE	
Street Address (P.O. Box Number is Not Acceptable) c/o 5420 Central Avenue	
Suite, Apt. #, Etc.	
City St. Petersburg	State FL
	Zip Code 33707

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-10/17/02-01034--004
******900.00 ****900.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0903, F.S.

Signature of Registered Agent *Connolly Silie* Date **10/5/02**

REGISTERED AGENT MUST SIGN

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
P/Dire	CONNOLLY SILIE	5420 Central Avenue	St. Petersburg, FL 33707

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)(f), 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: Connolly Silie *Connolly Silie* Date **10/5/02** 727-328-9690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #