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TALLAHASSEE, FLORIDA

|                                                                                                                     |                       |                                                                                                                                                                          |                |
|---------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                |                       |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                |
| <b>DOCUMENT #</b> <u>F02000005767</u>                                                                               |                       |                                                                                                                                                                          |                |
| <b>1. Corporation Name</b><br><br>Appliance Warehouse of America, Inc. <span style="float: right;"><i>LA</i></span> |                       |                                                                                                                                                                          |                |
| <b>2. Mailing Office Address</b><br>303 Sunnyside Boulevard                                                         |                       | <b>3. Mailing Office Address</b><br>Same as 2                                                                                                                            |                |
| <b>4. Suite, Apt. #, etc.</b><br>Suite 70                                                                           |                       | <b>5. Suite, Apt. #, etc.</b>                                                                                                                                            |                |
| <b>6. City &amp; State</b><br>Plainville, NY                                                                        |                       | <b>7. City &amp; State</b>                                                                                                                                               |                |
| <b>8. Zip</b><br>11803                                                                                              | <b>Country</b><br>USA | <b>Zip</b>                                                                                                                                                               | <b>Country</b> |

**REINSTATEMENT 03-04**

|                                                                                   |             |
|-----------------------------------------------------------------------------------|-------------|
| <b>9. Name and Address of Current Registered Agent</b>                            |             |
| Name<br>CT Corporation System                                                     |             |
| Street Address (P.O. Box Number is Not Acceptable)<br>1200 South Pine Island Road |             |
| Suite, Apt. #, Etc.                                                               |             |
| City<br>Plantation                                                                | State<br>FL |
| Zip Code<br>33324                                                                 |             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|--------------------------------|
| <b>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                |                                |
| Signature of Registered Agent<br><i>Connie Bogan</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Date<br>1-21-04                                |                                |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                |                                |
| <b>11. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                |                                |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name of Officer and/or Director | Street Address of Each Officer and/or Director | City / State / Zip             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | see attachment                  |                                                |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                |                                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                |                                |
| <b>12. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapters 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for filing same 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(1)(a), 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.</b> |                                 |                                                |                                |
| <b>SIGNATURE:</b> <i>Robert M. Doyle</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | <b>Robert M. Doyle, Vice President</b>         |                                |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Date<br>1/12/04                                | Office Phone #<br>316-349-8555 |

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**Appliance Warehouse of America, Inc.**  
**Officers & Directors**

| <b>Name</b>         | <b>Title</b>                 | <b>Address</b>                                           |
|---------------------|------------------------------|----------------------------------------------------------|
| <b>1. Directors</b> |                              |                                                          |
| Stephen R. Kerrigan | Director                     | 303 Sunnyside Boulevard, Suite 70<br>Plainview, NY 11803 |
| Bruce V. Rauner     | Director                     | 303 Sunnyside Boulevard, Suite 70<br>Plainview, NY 11803 |
| Vincent J. Hemmer   | Director                     | 303 Sunnyside Boulevard, Suite 70<br>Plainview, NY 11803 |
| David A. Donini     | Director                     | 303 Sunnyside Boulevard, Suite 70<br>Plainview, NY 11803 |
| Ramon Norriella     | Director                     | 303 Sunnyside Boulevard, Suite 70<br>Plainview, NY 11803 |
| <b>2. Officers</b>  |                              |                                                          |
| Ramon Norriella     | President and Secretary      | 303 Sunnyside Boulevard, Suite 70<br>Plainview, NY 11803 |
| Robert M. Doyle     | Vice President and Treasurer | 303 Sunnyside Boulevard, Suite 70<br>Plainview, NY 11803 |
| Robert J. Pohl      | Vice President               | 303 Sunnyside Boulevard, Suite 70<br>Plainview, NY 11803 |
| Tony Sculthorpe     | Vice President               | 303 Sunnyside Boulevard, Suite 70<br>Plainview, NY 11803 |

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**Division of Corporations**  
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**CORPORATION REINSTATEMENT**

**APPLIANCE WAREHOUSE OF AMERICA, INC.**

|                       |          |
|-----------------------|----------|
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