2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000048791

1. Entity Name
APPLIANCE WHOLESALERS, INC.

FILED
08 JAN 29 AM 10:01
Florida Dept. of State
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

Principal Place of Business	Mailing Address
2516 S.W. 23RD PLACE CAPE CORAL, FL 33914	2516 S.W. 23RD PLACE CAPE CORAL, FL 33914

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14375 Old Highway 28 Suite, Apt. #, etc.	14375 Old Highway 28 Suite, Apt. #, etc.
City & State: Pikeville, TN	City & State: Pikeville, TN
Zip: 37367 Country: USA	Zip: 37367 Country: USA

4. FEI Number: 05-0598813 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWCOMB, MARY K 2516 S.W. 23RD PLACE CAPE CORAL, FL 33914	Name: SALVATORE COSSENTINO Street Address (P.O. Box Number is Not Acceptable): 1402 CAPE CORAL PARKWAY EAST City: CAPE CORAL FL Zip Code: 33904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 1/23/08
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

☐ In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NEWCOMB, MARY K 2516 S.W. 23RD PLACE CAPE CORAL, FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 90 Riverside Drive Dunlap, TN 37327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEWCOMB, NICK 2507 SW 23RD PL CAPE CORAL, FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 96 Arrowhead Lane Dunlap, TN 37327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300115203339 01/29/08--01005--010 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Mary K Newcomb 1/23/08 423-762-4852
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #