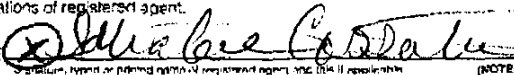


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000048791			
1. Entity Name APPLIANCE WHOLESALERS, INC.		FILED 08 JAN 29 AM 10:01 Florida Dept of State TALLAHASSEE, FLORIDA	
Principal Place of Business 2516 S.W. 23RD PLACE CAPE CORAL, FL 33914		Mailing Address 2516 S.W. 23RD PLACE CAPE CORAL, FL 33914	
2. Principal Place of Business - No P.O. Box # 14375 Old Highway 28 Suite, Apt. #, etc.		3. Mailing Address 14375 Old Highway 28 Suite, Apt. #, etc.	
City & State Pikeville, TN		City & State Pikeville, TN	
Zip 37367		Zip 37367	
Country USA		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 NEWCOMB, MARY K 2516 S.W. 23RD PLACE CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent 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 submit 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  DATE 1/23/08 (NOTE: Registered Agent signature required when reinstating)			
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 10	
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 200116203339 01/23/08--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  DATE 1/23/08 423-762-4852		SIGNATURE AND TYPED OR PRINTED NAME OF SECURING OFFICER OR DIRECTOR	