

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**APPLICATION FOR REINSTATEMENT**

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

APPROVED  
AND  
FILED

00 FEB 28 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000090956**

1. Corporation Name

**M. K. APPLIANCES, INC.**

Principal Place of Business

Mailing Address

2038 NW 55 AVE UNIT F  
MARGATE FL 33063

2038 NW 55 AVE UNIT F  
MARGATE FL 33063



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KASHTON, MORTY	9199NW 41 MANOR	CORAL SPRINGS 33 33065
			000003168610--8 -03/14/00--01044--019 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KASHTAN, MORTY  
2038 NW 55 AVE UNIT F  
MARGATE FL 33063

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date Dec 01, 99

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dec 01, 99

954-756-1977

CR2E040 (8/99)

2

Two When it May Concern.

I Spoke with Someone on November 18, 1999 about why my Corporation was being resolved. I had told her I had not been sent any information about sending any dues in. Obviously if I was aware of that I would of sent the fees in. I explained that I had only been opened for about a year, and I did not know if that had anything to do with it. She said that there would be a one time waiver for me. I would appreciate that and enclosed are the dues of \$150<sup>00</sup> for last year. I would appreciate if you can contact me or let me know about next year so I do not run into this problem again. Thank You Very Much for your help & Cooperation.

M.K. Appliances  
M.K.A.

P.S. Again Thank You.