2005 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Name PRINCIPAL PLANCES EXPORT CORP. MANA, F. 13 172 US	DOCU	IMENT # 671442	₹	'							
Principal Place of Business MAMI, FL 33172 US A Maining Adoption Substantial Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Maining Adoption Substantial Place Substantial							FILED				
MAMI, FL 33172 US MAMI, FL 3317	MICHIEL I.V. AFFEIANOLO LAFONT CORF.					_					
2. SSSS NW. 107 AVE MAM, FL 33172 US MAM, FL 33					200 51 100	_ U	200131	AM 10: 23			
2. Principal Place of Business 2. Majling Actings 25.55 Cull in S Auc. 10102005 REIN-P CRECOS (6/04) Courty Suits Add. 1, etc. FLA Sites Aug.						31	HONE I ADVI	05 03 4 mm			
2. Principal Place of Business 2. Majling Actings 25.55 Cull in S Auc. 10102005 REIN-P CRECOS (6/04) Courty Suits Add. 1, etc. FLA Sites Aug.				211		TALLAHASSEE DI ODID.					
Sulle, Apt. e, etc. Sulle, Ap	INDUN, IL	J317E 03				-, FLUNIUA					
Sulle, Apt. e, etc. Sulle, Ap	2 Principal I	Place of Pusiness	2 Mailing Address								
Suite, April, 46:00. Suite, April, 46:00. Suite, April, 46:00. City & State City & State City & State City & State Country Zip Country Applied For Name Name Name Name Name Streat Address of New Registered Agent Name Streat Address (F.O. Box Number is Not Acceptable) City FL Zip Code	z. Principal i	riace of Business	2.655 (0///	NS	AVE						
City & State Country 20	Suite, Apt	. #, etc.	Suite Ant # etc .			10102005	RFIN.P	CR2F008 //	S/O4)		
Applicable St. 20000668 Not Applicable St. 20000668 St. 25 Applicable St.	0: 00:			1600				O1 22 1030 (
Signature of the state of the s	City & State		MIAMI BEACH . FLA.								
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE HOMBRE, JAIME 2555 N.W. 107 AVE MIAMI, FL 33172 City FL Zip Code 6. The above named entity submits this seffement for per purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am families with, and accept the obligation of registered agent. SIGNATURE SIGNATUR	Zip Country		Zip Coun		itry	i		□ \$8.7			
DE HOMBRE, JAIME 2555 N.W. 107 AVE MIAMI, FL 33172 City City FL Zip Code City FILE NOWIII FEE IS \$750.00 After January 1, 2008, Fee will be \$500.00 City FILE NOWIII FEE IS \$750.00 After January 1, 2008, Fee will be \$500.00 City FILE NOWIII FEE IS \$750.00 After January 1, 2008, Fee will be \$500.00 City City City FL Zip Code City ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 City City City FL Zip Code City ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 City City City FL Zip Code After January 1, 2008, Fee will be \$500.00 City SI-Zip MAMI, FL Zip Code After January 1, 2008, Fee will be \$500.00 City SI-Zip MAMI, FL Zip Code City SI-Zip City S				<u> </u>	15 A	<u> </u>		Fee F			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The aboys refred entity submits this selement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligation by registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligation by registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligation of the second sec		6. Name and Address of Current	Registered Agent		Namo	7. Name and	Address of New R	egistered Agent			
City FL Zip Code 8. The above registered entity submits this self-eneral for jee purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligatories of registered agent. SIGNATURE Signature is registered agent. FILE NOWILI FEE IS \$750.00 After January 1, 2005, Fee will be \$390.00 TILE DE HOMBRE, JAIME Delide TILE DELIGIBLE DELIGI	DE HOME	BRE, JAIME									
City FL Zip Code 8. The above registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories of registered agent. SIGNATURE S					Street Address (P.O. Box Number is Not Acceptable)						
8. The above regred entity submits this offerment for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the floridate of Floridate or registered agent, or both, in the State of Floridate or Florid	MIAMI, FL 33172										
8. The above regred entity submits this offerment for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories or registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the floridate of Floridate or registered agent, or both, in the State of Floridate or Florid					City			F 1 7	n Code		
the obligations of registered agent. Color	A The above	n parad antitu submite this attament (or the ourses of abouting its) '			rL	•	F	
FILE NOWIII FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 TITLE PEHOMBRE, JAIME DE HOMBRE, JAIME STRETADORSS CITY-SI-2P MIAMI, FL 33172 Delete TITLE NAME HOMBRE, GLORIA STRETADORSS CITY-SI-2P MIAMI BEACH, FL 33140 Delete TITLE NAME NAME STRETADORSS CITY-SI-2P Delete TITLE NAME STRETADORSS CITY-SI-2P TITLE Delete TITLE NAME STRETADORSS CITY-SI-2P TITLE TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete	the obliga	tions of registered agent.	or the purpose of changing its	registere	ed office or register	red agent, or both	i, in the State of Ho	rida. I am familia	r with, a	and accept	
FILE NOWIII FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 TITLE PEHOMBRE, JAIME DE HOMBRE, JAIME STRETADORSS CITY-SI-2P MIAMI, FL 33172 Delete TITLE NAME HOMBRE, GLORIA STRETADORSS CITY-SI-2P MIAMI BEACH, FL 33140 Delete TITLE NAME NAME STRETADORSS CITY-SI-2P Delete TITLE NAME STRETADORSS CITY-SI-2P TITLE Delete TITLE NAME STRETADORSS CITY-SI-2P TITLE TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete	SIGNATURAL SEE SAMELEE										
After January 1, 2006, Fee will be \$900.00 10. OFFICERS AND DIRECTORS											
After January 1, 2006, Fee will be \$900.00 10. OFFICERS AND DIRECTORS	7										
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE P			00								
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	10	OFFICERS AND	DIRECTORS	144		ADDITIONAL					
DE HOMBRE, JAIME STREET ADDRESS CITY-ST-ZIP TITLE ST HOMBRE, GLORIA HOMBRE, GLORIA STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY		·,-··			:	ADDITIONS/C	HANGES TO OFFI				
ITTLE INAME INCESS CITY-ST-ZIP INAME STREET ADDRESS CITY-ST-ZIP INAME STREET ADDRESS CITY-ST-ZIP INAME STREET ADDRESS CITY-ST-ZIP INAME STREET ADDRESS CITY-ST-ZIP INAME INAME STREET ADDRESS CITY-ST-ZIP INAME INAME STREET ADDRESS CITY-ST-ZIP INAME INAME INAME STREET ADDRESS CITY-ST-ZIP INAME INAME INTER IN	NAME	DE HOMBRE, JAIME	ELI Delete			r ⊒ar				Addition	
TITLE ST Delete ITTLE MANE HOMBRE, GLORIA MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MANE Delete MANE						10712	1/050106	9022 *	*150	0.00	
HOMBRE, GLORIA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI			Поли				<u> </u>				
CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZI		= :	□ Detete					<u> </u>	ange	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME S					i i						
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delet		MIAMI BEACH, FL 33140		CITY-	-ST-ZIP						
SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP			☐ Delete		i		1	☐ Ct	ange	Addition	
CITY-SI-ZIP CITY-SI-ZIP	–				- 1	167	10/3×				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP To Lange Addition Addition To Lange	CTTY-ST-ZIP					$\sim M_{-1}$					
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 hereceiver 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.			☐ Delete	TITLE				CH	ange	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 methoderical properties 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 methoderical properties 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 methoderical properties 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 methoderical properties 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 methoderical properties that I am an officer or director of the corporation or methoderical properties and that my name appears in Block 10 or Block 11 if changed.			. مسين منسب د.		-				~ .		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 metreceiver 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.											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 metreceiver or trustee empowered to execute his 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.	TITLE		☐ Delete	-				[] re	anne	Addition	
CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 metreceiver 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.					I			L W	enge	AUUUUUI	
TITLE NAME STREET ADDRESS CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 methoderic 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	1										
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 metreceiver or trustee empowered to execute his 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.			Pater		-		_		·		
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 me freceiver or trustee empowered to execute his 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.		•	CT Delete					□ Ch	ange	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 preceiver 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.				STREE	T ADDRESS						
of the corporation or merceiver or trustee empowered to execute his 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.				_							
changed, or on an attachment with an address, with all other like empowered.											
	of the cor changed,	poration or frefreceiver or trustee empo or on an attachment with an address, v	wered to execute this report a vity all other like empowered.	as requir	ed by Chapter 607,	Florida Statutes;	and that my name	appears in Block	10 or E	Block 11 if	
SIGNATURE: 10- 26-05 3059/2585 SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #			/ / /	•							
Date Daylirre Phone #	SIGNAT	URE: SIGNATURE AND TYPED OR P	RINTED NAME OF BIGNING OFFICER	OR CHESCA	ne		0-16-	05 30	<u> 5</u>	<u> 1125</u> 85	
	···						Date	Daytime Ph	one#		

October 10, 2005

Division of Corporations P.O.Box 6327 Tallahassee, Fl. 32314---

Dear:

As per my conversation(today) with a person in this division, I am sending the payment now because I never recibed the form. I am sure you sent it, but, I have been having problems with stolen mail from the mail box.

Please waive the late filing fee.

Sincerely,

Jaime De Hombre

Miami T.V. Appliances Export Corp.