

2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # 671442

1. Entity Name
MIAMI T.V. APPLIANCES EXPORT CORP.



Principal Place of Business
2555 N.W. 107 AVE
MIAMI, FL 33172 US

Mailing Address
2555 N.W. 107 AVE
MIAMI, FL 33172 US

2. Principal Place of Business

3. Mailing Address
2555 COLLINS AVE
#1600

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI BEACH, FLA.

Zip

Country

Zip
33140

Country
USA

10102005

REIN-P

CR2E098 (6/04)

4. FEI Number
59-2000668

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

DE HOMBRE, JAIME
2555 N.W. 107 AVE
MIAMI, FL 33172

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/10/05

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DE HOMBRE, JAIME
2555 N.W. 107 AVE.
MIAMI, FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
900060633009
10/14/05--01068--022 ***150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
HOMBRE, GLORIA
2555 COLLINS AVE #1600
MIAMI BEACH, FL 33140 ☐ 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
R 10/31

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
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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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-26-05 3055912585

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October 10, 2005

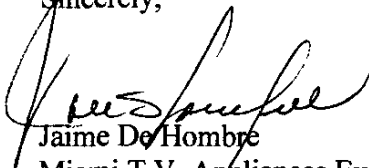
Division of Corporations
P.O.Box 6327
Tallahassee, Fl. 32314

Dear:

As per my conversation(today) with a person in this division, I am sending the payment now because I never recieved 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.
