

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

DOCUMENT # F23865

99 DEC 27 AM 11:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Corporation Name  
 Quality Appliances Inc

Principal Place of Business Mailing Address  
 13320 S.W. 20 ST.  
 MIAMI, FL. 33175

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MARCH 16, 1981	
City & State		City & State		5. FEI Number	
				59-2204852	
Zip		Country		6. 59-2264852	
				CERTIFICATE OF STATUS DESIRED	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	JOAQUIN ANDRUEA	13320 S.W. 20 ST. MIAMI, FL	MIAMI, FL. 33175
VICE	GUSTAVO ALVAREZ	3151 S.W. 37 TR.	HOLLYWOOD, FL.
SECT.	MARIA C. ANDRUEA	13320 S.W. 20 ST.	MIAMI, FL. 33175

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GONZALO VICENTE 4211 S.W. 18 LANE. HIALEAH, FL. 33012		Name Street Address (P.O. Box Number is Not Acceptable) 400003087834--8 Suite, Apt. #, Etc. -01/04/00--01078--011 City ****750.00 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: Gonzalo Vicente REGISTERED AGENT MUST SIGN Date: 12/10/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: JOAQUIN ANDRUEA, President Date: 12/10/99 305-633-2379  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR