

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -8 PM 5:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G62616**

1. Corporation Name

**DIXIE ELECTRONIC SALES AND SERVICE, INC.** *99AD*

Principal Place of Business

Mailing Address

13148 W DIXIE HWY  
NORTH MIAMI FL 33161-4131  
US

13148 W DIXIE HWY  
NORTH MIAMI FL 33161-4131  
US

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.		09/16/1983	
City & State		City & State		5. FEI Number	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				59-2323590	
				Applied For	
				Not Applicable	
				\$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
D	BARAHONA, JOSE	14515 NE 5 COURT	N MIAMI FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BARAHONA, JOSE 14515 NE 5 COURT MIAMI FL 33161		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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: *Jose Barahona* **REQUIRED** Date: 10-28-99

REGISTERED AGENT MUST SIGN

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: *Jose Barahona* (PRESIDENT) Date: 10-28-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOSE Barahona

Daytime Phone #

*09/14/99 90002 002 15a 00*  
*didn't receive when back*

CR2240 (9/98)