

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M09701

1. Corporation Name

HIALEAH APPLIANCE PARTS, INC.,

2. Principal Office Address

5445-65 Palm Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, Fl.,

City & State

Hialeah, Fl.,

Zip 33012

Country U.S.A.

Zip 33012

Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

1-07-1985

5. FEI Number

59-2477048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NIVIA FERNANDEZ

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

9071 SAGO STREET

Suite, Apt. #, Etc.

n/a

City

MIAMI LAKES

State  
FL

Zip Code  
33018

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*Nivia Fernandez*  
REGISTERED AGENT MUST SIGN

Date 12-24-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Mario D Iglesias Sr.,	4760 West 9th Ct	Hialeah, Fl.,
STD	Consuelo Iglesias	4760 West 9th Ct	Hialeah, Fl.,

10. 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:

*Mario D Iglesias*

12-24-02

(305)557-3864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E(81 (8/01)

*js 1/2*