

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 28 PM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000074193**

1. Corporation Name

DISCOUNT APPLIANCE PARTS
8025 S. US Hwy #1
Port St. Lucie, Fl 34952-2353

2. Principal Office Address

8025 S US Hwy 1

Suite, Apt. #, etc.

3. Mailing Office Address

8025 S. US Hwy 1

Suite, Apt. #, etc.

City & State

Port St Lucie Fl.

City & State

Port St Lucie Fl

Zip

34952

Country

St Lucie

Zip

34952

Country

St Lucie

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/24/00

5. FEI Number

65-103-6432

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

HOWARD J ALEXANDER

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

8025 S. US Hwy 1

Suite, Apt. #, Etc.

Port St Lucie

FL

Zip Code

34952

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

Howard J Alexander
REGISTERED AGENT MUST SIGN

Date

4/25/05

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
PRES	CYNTHIA ALEXANDER	534 NW CORNELL AVE	Port St Lucie Fl 34983
V-Pres	HOWARD J. ALEXANDER	534 NW CORNELL AVE	Port St Lucie Fl 34983

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:

Howard J Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/05 772-871-7500

Daytime Phone #

CR2E081 (1/0/02)

DISCOUNT APPLIANCE PARTS

8025 SOUTH US HIGHWAY 1
PORT SAINT LUCIE, FL 34952
772-871-7500 FAX 772-871-1690

4/25/05

To Whom it May Concern

This Letter is to confirm
that in 2002 I didn't Receive
a Renewal Form and didn't
~~Receive~~ Send in any Renewal Form
that year. I understand the
additional 600.00 will be
lifted as a result of the letter

Thank-You

Dyall