PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP -8 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000018441

1. Corporation Name

LEYTON APPLIANCES, INC.

REINSTATEMENT 02-03

| Principal Place of Business | Mailing Address |
|---|---|
| 3385 NW 47 AVE<br>COCONUT CREEK FL 33063 | 3385 NW 47 AVE<br>COCONUT CREEK FL 33063 |

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 | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business In Florida: 02/19/2001

5. FEI Number: 65-1100349 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $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 |
|---|---|---|---|
| P | LEYTON, JIMMY E | 3385 NW 47 AVE | COCONUT CREEK FL 33063 |
| V | SUAREZ, GISELA | 3385 NW 47 AVE | COCONUT CREEK FL 33063 |
| | | | |
| | | | |
| | | | |
| | | | |

900022066559
09/09/03--01029--005 **550.00

900022066559
09/08/03--01085--012 **350.00

8. Name and Address of Current Registered Agent

LEYTON, JIMMY E
3385 NW 47 AVE
COCONUT CREEK FL 33063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent: JIMMY E. LEYTON / PRESIDENT — Date: 07/31/03
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: JIMMY E. LEYTON / PRESIDENT — Date: 07/31/03 — Daytime Phone #: (954) 917-9649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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