

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000078643

1. Entity Name
H & A PRE-OWNED APPLIANCE, INC.



FILED

05 MAR 10 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242005 REIN-P CR2E098 (6/04)

Principal Place of Business
815 SW 17TH AVE.
DELRAY BEACH, FL 33444

Mailing Address
815 SW 17TH AVE.
DELRAY BEACH, FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1129583

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, HOWARD A
815 SW 17TH AVE.
DELRAY BEACH, FL 33444

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JAMES, HOWARD A
815 SW 17TH AVE.
DELRAY BEACH, FL 33444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTS
JAMES, ANGELA
815 SW 17TH AVE.
DELRAY BEACH, FL 33444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300048846123
03/22/05--01022--005 **300.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-07-05



H & A Pre-Owned Appliances

"Installation & Repair"

Refrigerator * Stoves * Washers
Dryers * Dishwashers * Ovens * Microwaves
815 SW 17th Ave.
Delray Beach, FL 33444

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HOWARD JAMES
Phone: (561) 243-8049 "Office"

January 13, 2005

Division of Corporations
Secretary of State
Tallahassee, FL

Dear Sir/Madam:

I was recently made aware of the fact that a 2004 Uniform Business Report was not completed and mailed back to your office. Actually, we do not remember having received one. We have tried to download the form from the internet, but was unable to do so. We have made a copy of the 2003 form and have enclosed it with a check for processing. None of the information has changed.

~~We ask that you abate any penalties that have occurred, and we endeavor to ensure that~~
all other reports to your office are timely filed. If it is necessary to complete the 2004 report, please send us a copy and we will complete it and return it to you. Our check in the amount of \$150.00 is enclosed.

Sincerely,

Howard James