

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 24 AM 11:17

**DOCUMENT #P01000084499**

1. Corporation Name

**APPLIANCE SERVICE GROUP, INC.**

100181270831  
05/24/10--01044--018 \*\*450.00

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box # <b>20841 JOHNSON ST</b>		3. Mailing Office Address <b>20841 JOHNSON ST</b>	
Suite, Apt. #, etc. <b>114</b>		Suite, Apt. #, etc. <b>114</b>	
City & State <b>PEMBROKE PINES, FL</b>		City & State <b>PEMBROKE PINES, FL</b>	
Zip <b>33029</b>	Country <b>USA</b>	Zip <b>33029</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>08/27/2001</b>	
5. FEI Number <b>651133238</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <b>OSCAR ZETINA</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>18002 SW 29 LANE</b>		
Suite, Apt. # Etc		
City <b>MIRAMAR</b>	State <b>FL</b>	Zip Code <b>33029</b>

PROFIT CORPORATIONS ONLY  
☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **05/14/10**

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
PV		OSCAR ZETINA	18002 SW 29 LANE	MIRAMAR, FL 33029
T		LETICIA ZETINA	651 SW 109 AVE # 208	PEMBROKE PINES, FL 33025
S		YESENIA ORTEGA	10410 SW 200 TER	MIAMI, FL 33189

REINSTATE

05-10 B 8/27/10

10. E-mail Address:

(To be used for future annual report notification)

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, I further certify 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:

OSCAR ZETINA

5/14/10

954-444-9081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #