


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P0100120783 1. Corporation Name One Stop Appliance Repair Inc			
2. Principal Office Address 1205 NW 144th Avenue		3. Mailing Office Address 1205 NW 144th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pembroke Pines		City & State Pembroke Pines, Florida	
Zip 33028	Country USA	Zip 33028	Country USA

FILED

2006 SEP 29 AM 9:45

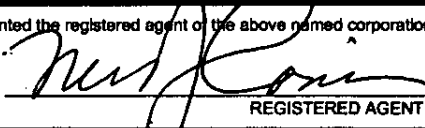
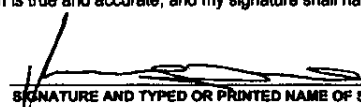
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

04-06

4. Date Incorporated or Qualified To Do Business in Florida December 1, 2001	
5. FEI Number 80-0003333	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Merland J. Conine		
Street Address (P.O. Box Number is Not Acceptable) 1799 NE 164th Street		
Suite, Apt. #, Etc. 113		
City North Miami Beach	State FL	Zip Code 33162

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 		Date 9-25-06	
REGISTERED AGENT MUST SIGN			
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
P.S.D.T	Vegory Dulix	1205 NW 144th Avenue	Pembroke Pines, FL 330218
VP	Erdine Dulix	1205 NW 144th Avenue	Pembroke Pines, FL 330218
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 contained in Chapter 119, 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: 		Date 9-7-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vegory Dulix, P		Daytime Phone # 305-947-7220	

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