## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## FILED **DOCUMENT # P02000055858** 04 DEC 10 PM 2: 12 SANCHEZ APPLIANCE REPAIR, INC. SEURE LARY UF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 641 S.E. 1ST STREET HIALEAH, FL 33010 641 S.E. 1ST STREET HIALEAH, FL 33010 2. Principal Place of Business 3. Mailing Address 9th street 651 E 9th street 651 E Suite, Apt. #, etc Suite, Apt. #, etc. 12072004 REIN-P CR2E098 (6/04) City & State 4. FEI Number Applied For City & State Hialeah Hialeah 02-0604425 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired U5A 33010 33010 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 651 E 9th street SANCHEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 641 S.E. 18T STREET HIALEAH, FL 33010 Zip Code City FL 8. The above named entity submits this statement to 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 age JORGE Sanchez 12-7-2004 SIGNATURE 4 and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered ag FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PSTD ☐ Delete Change ☐ Addition TITLE TITLE SANCHEZ, JORGE NAME 651 E 9th street NAME STREET ADDRESS 641 S.E. 1ST STREET STREET ADDRESS CITY-ST-ZIP Hialeah Fl. 33010 HIALEAH, FL 33010 CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Continue Continue ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME 800043329978 12/10/04-01033-003 \*\*\*15 STREET ADDRESS STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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.