

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 DEC -6 AM 10:13
TALLAHASSEE, FLORIDA

DOCUMENT # P04000022296

1. Entity Name
C & K APPLIANCE INC.



Principal Place of Business
2889 W 75 ST
HIALEAH, FL 33018

Mailing Address
2889 W 75 ST
HIALEAH, FL 33018

2. Principal Place of Business
7445 West 16 Avenue
Suite, Apt. #, etc.

3. Mailing Address
7445 West 16 Avenue
Suite, Apt. #, etc.



11222005 REIN-P CR2E098 (6/04)

City & State
Hialeah, FL
Zip 33014 Country US

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Hialeah, FL
Zip 33014 Country US

4. FEI Number
65-7230123
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTANET, JULIO
2889 W 75 ST
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

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

11-22-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME CARTANET, JULIO
STREET ADDRESS 2889 W 75 ST
CITY-ST-ZIP HIALEAH, FL 33018 ☐ Delete

TITLE V
NAME BISE, LAZARO K
STREET ADDRESS 2889 W 75 ST
CITY-ST-ZIP HIALEAH, FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 05

TITLE
NAME T. Roberts
STREET ADDRESS
CITY-ST-ZIP DEC 06 2005 ☐ Change ☐ Addition

TITLE
NAME ORLANDO E. SUAREZ
STREET ADDRESS 14755 SW 99 AVE
CITY-ST-ZIP MIAMI, FL 33146 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600062129916
12/14/05--01004--009 **150.00

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 #

11-22-05 (305) 345-3580