

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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12 SEP 26 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-12
REINSTATEMENT

CR2E081 (11/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000059435

1. Corporation Name

APPLIANCE DOCTOR ENTERPRISES, INC

2. Principal Office Address - No P.O. Box #

1000 BRICKELL AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1000 BRICKELL AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33135

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **06/18/2008**

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARGENIS MEDINA

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

801 BRICKELL AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

100240077091
09/26/12--01019--020 **1050.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **08/18/2012**

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	VERGARA, LUISA	801 BRICKELL AVENUE	MIAMI, FL 33131
VP	MEDINA, ARGENIS	801 BRICKELL AVENUE	MIAMI, FL 33131
T	DE LA ROSA, LAZARO	801 BRICKELL AVENUE	MIAMI, FL 33131
S	ROMEO, GABRIEL	801 BRICKELL AVENUE	MIAMI, FL 33131

SEP 27 2012

10. E-mail Address: **WORLDWIDEAT@AOL.COM**

T. SCOTT

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

09/18/2012 3052339800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #