

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT *96-98*

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 MAY -4 PM 12:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000057650

1. Corporation Name
BELL'S APPLIANCES, INC.

Principal Place of Business	Mailing Address
1900 W 4TH AVENUE HIALEAH, FL 33010	1900 W 4TH AVENUE HIALEAH, FL 33010

REINSTATEMENT *96-98*
5/14/98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	8/12/93
5. FEI Number	65-0430426
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Applied For Not Applicable	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CABAN, WILLIAM	1900 W 4TH AVE	HIALEAH, FL 33010
D	CABAN, MICHAEL	1900 W 4TH AVE	HIALEAH, FL 33010
D	CABAN, MAGALYS	1900 W 4TH AVE	HIALEAH, FL 33010
D	CONCEPCION, MARIBEL	1900 W 4TH AVE	HIALEAH, FL 33010
D	CABAN, SAMUEL	1900 W 4TH AVE	HIALEAH, FL 33010

8. Name and Address of Current Registered Agent

SAMUEL CABAN
 1950 W 4TH AVE
 HIALEAH, FL 33010

9. Name and Address of New Registered Agent

Name: 200002520832--1
 Street Address (P.O. Box Number is Not Acceptable): 2798--01087--011
 Suite, Apt. #, Etc.: ***1050.00 ***1050.00
 City: State: FL Zip Code:

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *X Samuel Caban* Date: 4/30/98
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(j), 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: *X Samuel Caban* SAMUEL CABAN Date: 4/30/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #