

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 13 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057650

1. Corporation Name

BELL'S APPLIANCES, INC.

2. Principal Office Address

1900 W. 4TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1900 W. 4TH AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

Country

33010

City & State

HIALEAH, FL

Zip

Country

33010

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/1993

5. FEI Number

65-0430426

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CABAN, SAMUEL

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

1900 W. 4TH AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

300016615843
05/13/03--01012--003 **900 00

State Zip Code
FL 33010

REINSTATEMENT 02-3-78

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

REGISTERED AGENT MUST SIGN

Date

5/7/03

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 / Street / Zip
P	CABAN, SAMUEL	1900 W. 4TH AVENUE	HIALEAH, FL 33010
P	CABAN, WILLIAM	1900 W. 4TH AVENUE	HIALEAH, FL 33010
D	CABAN, MICHAEL	1900 W. 4TH AVENUE	HIALEAH, FL 33010
D	CABAN, MAGALYS	1900 W. 4TH AVENUE	HIALEAH, FL 33010
D	CONCEPCION, MARIBEL	1900 W. 4TH AVENUE	HIALEAH, FL 33010

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/03
Date

305 448-2681
Daytime Phone #