PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 MAR -4 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010688

1. Corporation Name

MAH APPLIANCES CORP.

REINSTATEMENT 97-98

Principal Place of Business	Mailing Address
6803 Loch Ness Drive Miami Lakes, FL 33014	

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. 6803 Loch Ness Drive	Suite, Apt. #, etc. 6803 Loch Ness Drive
City & State Miami Lakes, FL	City & State Miami Lakes, FL
Zip / Country 33014 / U.S.A.	Zip / Country 33014 / U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
N/A
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Horta, Manuel A.	6803 Loch Ness Drive	Miami Lakes, FL 33014
S/T/D	Horta, Iliana	6803 Loch Ness Drive	Miami Lakes, FL 33014
VD	Horta, Manuel A., Jr.	6803 Loch Ness Drive	Miami Lakes, FL 33014

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8. Name and Address of Current Registered Agent

Manuel A. Horta
1312 W. 39 PLace
Hialeah, FL 33012

9. Name and Address of New Registered Agent

Name: Manuel A. Horta
Street Address (P.O. Box Number is Not Acceptable): 6803 Loch Ness Drive
Suite, Apt. #, Etc.:
City: Miami Lakes | State: FL | Zip Code: 33014

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 _____ Date Feb. 10, 1998
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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: _____ Feb. 10, 1998 (305) 793-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MANUEL A. HORTA