## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT **DOCUMENT #**



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

P96000025271

1. Corporation Name

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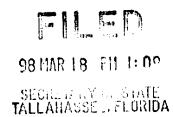
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SIGNATURE:

APPLIANCE WORLD OF MIAMI, INC.

Principal Place of Business

Malling Address





1524 N.W. 36TH STREET MIAM! FL 33142		1524 N.W. 36TH STREET MIAMI FL 33142							
If above addresses are	e incorrect in any way, line thi	ough incorrect in	nformation and en	ter correction below	REINS	TATEM	ENT A	1-98	
2. New Principal Office	New Mailing Office Address, If Applicable				Date Incorporated or Qualified     To Do Business in Florida     03/20/1996				
Suite, Apt. #, etc.	0 36 ST.	Suite, Apt. #, etc.					00/20/10	780	
City & State		City & State				5. FEI Number Applied For			
Miami Fl.		Oity & State				65-6693817 Not Applicable			
2ip Country 33142-		Zip Country		intry		S6.75 Additional		tional Fee required tificate of Status	
7. Names and Street A	ddresses of Each Officer and	or Director (Flo					· <u>-</u>		
Title(s) Name of Officers and/or Directors 2		Str Of 3 (Do NOT U		Street Address of E Officer and/or Direc Use Post Office Bo	eet Address of Each licer and/or Director se Post Office Box Numbers)		City / State / Zip		
P/D Soa	Joaquin Andrea		13320 SW 20		St	Micmi	H. 3:	> /75	
s/c Jos	e, Deina	ndez	11953	SW 37	Terr	Mizmi	F1. 33	1.75	
				····	6	 000024		6 <u></u> 1	
						-03/20/9 ****308	9801119 3.75 ***	5030 ×*908.75	
							Mb 6	M	
							3/18	10-	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent					
ANDREU, JOAQUIN					Name				
1524 N.W. 36TH STREET				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33142			Sulle, Apt. #, Etc.						
				City			State Zip C	ode	
10. II, being appointed the Signature of Registered Agent	ne registered agent of the abo	Cinel	oration, am familiai	r with and accept the	e obligations of Sect	lon 607.0505, F.S. Date	3/58	ter e con agua se se	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U									
this reinstatement ap owed by the corpora	officer or director or the recei splication, the reason for disso tion have been paid and the i true and accurate, and my si	olution has been names of individ	eliminated, the co uals listed on this	rporate name satisfi form do not qualify t	ies the requirements for an exemption un	of section 607,0401 o	r 617.0401, F.S	., that all fees	

TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR