

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000025271

1. Corporation Name

APPLIANCE WORLD OF MIAMI, INC.

Principal Place of Business

1524 N.W. 36TH STREET  
MIAMI FL 33142

Mailing Address

1524 N.W. 36TH STREET  
MIAMI FL 33142

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

2. New Principal Office Address, If Applicable

1500 NW 36 St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33142

Country

City & State

Zip

Country

REINSTATEMENT

M-98

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/1996

5. FEI Number

65-0693817

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	Joaquin Andreu	13320 SW 20 St.	Miami FL 33175
S/C	Jose, Hernandez	11953 SW 37 Terr	Miami FL 33175

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\*\*\*908.75 \*\*\*908.75

3/18/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDREU, JOAQUIN  
1524 N.W. 36TH STREET  
MIAMI FL 33142

Name

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

Suite, Apt. #, Etc.

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

Joaquin Andreu

REGISTERED AGENT MUST SIGN

Date 3/3/98

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:

Joaquin Andreu

Joaquin Andreu

Date

3/3/98

Daytime Phone #

305-633-2379

CR2040 (8/97)