



CORPORATION REINSTATEMENT <i>CG-2000</i>		 FLORIDA DEPARTMENT OF STATE Katherine Harris Governor of State DIVISION OF CORPORATIONS		FILED 00 JAN 31 AM 10:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <i>PaleO00063072</i>					
1. Corporation Name <i>Major Appliance Center, Inc</i>					
2. Principal Office Address <i>651 West Indian Town Rd.</i>			3. Mailing Office Address <i>same</i>		
Suite, Apt. #, etc. <i>B</i>			Suite, Apt. #, etc.		
City & State <i>Jupiter, Fl.</i>			City & State		
Zip <i>33458</i>		Country <i>U.S.</i>		4. Date Incorporated or Qualified To Do Business in Florida <i>6/21/96</i>	
5. FEI Number <i>650690398</i>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> CERTIFICATE					
7. Name and Address of Current Registered Agent					
Name <i>Scott G. Worsley</i>					
Street Address (P.O. Box Number is Not Acceptable) <i>19048 S.E. Bryant Dr.</i>					
Suite, Apt. #, Etc.					
City <i>Jupiter</i>				State Zip Code FL <i>33469</i>	
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 <i>Scott Worsley</i>					
Date <i>Jan 21 - 00</i>					
REGISTERED AGENT MUST SIGN					
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 / State / Zip					
<i>Pres. Scott G. Worsley 19048 S.E. Bryant Dr. Jupiter, Fl. 33469</i>					
LS					
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: <i>Scott Worsley</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>Jan 21 - 00</i>					
Daytime Phone #					