

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:30



APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P97000018880

1. Corporation Name

SANTO DOMINGO APPLIANCE EXPORT CORP.

Principal Place of Business

Mailing Address

4601 NW 22th AVE
MIAMI FL 33142

SAME

(DELETE)

(DELETE)

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

2. New Principal Office Address, if Applicable

455 WEST 27 STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

SAME

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/1997

5. FEI Number

65-0732386

Applied For

Not Applicable

City & State
MIAMI FLORIDA

City & State

Zip 33010

Country U.S.A.

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DP	FRANCISCO TAVERAS (DELETE)	9021 SW 156 ST #C 107	MIAMI FL 33157
P	PAULA TAVERAS (ADD)	9021 SW 156 ST APT C107	MIAMI FL 33157

700003299377-9
06/21/00 01002 020
***1058.75 ***1058.75

5/6/16

8. Name and Address of Current Registered Agent

TAVERAS, FRANCISCO
4601 NW 22 AVE
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name
PAULA TAVERAS
Street Address (P.O. Box Number is Not Acceptable)
9021 SW 156 STREET
Suite, Apt. #, Etc.
C 107
City
MIAMI
State
FL
Zip Code
33157

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

X

Paula Taveras

REGISTERED AGENT MUST SIGN

Date 5/24/00

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:

X *Paula Taveras*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/00

Date

Daytime Phone #