

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 2:24

DOCUMENT # P98000011895

1. Corporation Name

KING APPLIANCE, INC.

900003446899--2

-11/01/00--01052--018

****150.00 ****150.00

900003446899--2

-11/01/00--01052--018

*****8.75 *****8.75

04-14-99 90051043 \$150.00

2. Principal Office Address

1063 N.W. 36 ST.

3. Mailing Office Address

1063 N.W. 36 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla.

City & State

Miami Fla.

Zip

33127.

Country

U.S.A.

Zip

33127.

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5/4/98

5. FEI Number

65-0816046

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leonel O. Poz.

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

1063 N.W. 36 ST.

Suite, Apt. #, Etc.

City

Miami Fla.

State
FL

Zip Code

33127.

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

Leonel O. Poz.

REGISTERED AGENT MUST SIGN

Date

10/25/00

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
President	Leonel O. Poz.	1063 N.W. 36 ST.	Miami Fla 33127

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonel O. Poz.

Date

10/25/00

Daytime Phone #

CR2E081 (9/99)

October 25 , 2000

King Appliance, Inc.
1063 NW 36 Street
Miami, FL 33127

Dear Sirs:

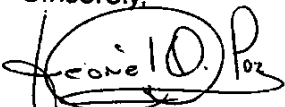
This is concerning my Corporate Reinstatement, in past I have not received any notice of reinstatement from your office therefore, I never mailed you the reinstatement form along with the correspondent fee.

Please waved any penalty charges under corporation King Appliance.

Please find enclosed a Money Order for the amount of \$150.00 and the amount of \$8.75 for the Certificate of Status.

I certainly appreciate your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Leonel O. Paz", with a stylized flourish at the end.

Leonel O. Paz
President

LOP/mm