

2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

2005 SEP 30 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000011895

1. Entity Name
KING APPLIANCE, INC.



Principal Place of Business
1063 NW 36 STREET
MIAMI, FL 33127

Mailing Address
1063 NW 36 STREET
MIAMI, FL 33127

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
51 E 52 Place.
Suite, Apt. #, etc.

City & State
Hialeah, Fla.

Zip
33013

Country
Hialeah Fla.



09222005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0816046

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POZ, ROSA M. (PAZ, ROSA M.)
51 E 52 PLACE
HIALEAH, FL 33013

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Leonel O. P. (NOTE: Registered Agent signature required when reinstating) DATE: 09/27/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POZ, LEONEL O (PAZ, Leonel O.) 1063 NW 36 STREET MIAMI, FL 33127	TITLE NAME STREET ADDRESS CITY - ST - ZIP	10/04/05-00148-001 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP POZ, ROSA M (PAZ, Rosa M.) 1063 NW 36 STREET MIAMI, FL 33127	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800060211508 10/04/05--01046--001 **158.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonel O. P. (PAZ, Leonel O.) DATE: 09/27/05 (786) 4123308

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KING APPLIANCES, INC.

1063 N.W. 36th Street
Miami, FL 33127
Phone: 786-412-3308

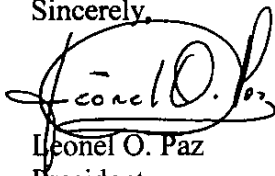
September 27, 2005

To Whom It May Concern:

This letter serves to certify that I did not received the annual notification for the renewal of my corporation King Appliance, Inc. Therefore, I am enclosing the reinstatement application form along with the check #1195 for the amount of \$158.75 Dollars for my Renewal and a copy of the Certificate of Status.

Please kindly waive the fee of \$600.00 Dollars.

Sincerely,

A handwritten signature in black ink, appearing to read "Leonel O. Paz", is written over a circular stamp or seal.

Leonel O. Paz
President