PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR... REINSTATÉMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P99000075548

1. Corporation Name

KITCHEN APPLIANCE TEXTILES, INC.

Principal Place of Business

Mailing Address

1227 S. PATRICK DRIVE

SUITE 308-B

SATELLITE BEACH FL 32937

May Dringing Office Address If Applicable

POST OFFICE BOX 37283

SATELLITE BEACH FL 32937-0983

If above addresses are incorrect in any way, line through incorrect information and enter correction below 3 New Mailing Office Address, If Applicable

1275 S. PATHICK DRIVE	PO BOY 372983
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	OTT & State POH AL P

Date incorporated or Qualified To Do Business in Florida 08/18/1999

FILED

00 OCT 31 AM 10: 26

SECRETARY OF STATE TALLAHASSEE FLORIDA

59-3604596

Not Applicable \$8.75 Additional Fee required for a Certificate of Status

Applied For

CERTIFICATE OF STATUS DESIRED Z

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip and/or Directors Title(s) SATELLITE BCH FL REID, KATHRING 1275 S PATRICKER STE N-1 S00003472545---11/21/00--01052--010 ****750.00 ****750.00

Country

8. Name and Address of Current Registered Agent

REID, KATHRINE 1227 S. PATRICK DRIVE SUITE 308-B SATELLITE BEACH FL 32937 9. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable 1225 STATFLICK DR.

10. I, being appointed the registered agent of Me above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REQUIRED REGISTER D AGENT MUST SIGN

Date BETOBER 26, 2000

11. 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 TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 26, 2000 321-773