

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F3

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

07 APR 27 PM 3:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000081185

1. Corporation Name A1A Appliance, Inc

2. Principal Office Address 1415 Twelve Oaks Dr

3. Mailing Office Address 1415 Twelve Oaks Dr

Suite, Apt. #, etc.

City & State Orlando FL

Zip Country 32824 ORANGE

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 9-7-1999

5. FEI Number 59-3596135

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name FRANCISCO APARICIO SALCEDO Street Address 1415 TWELVE OAKS DR City Orlando State FL Zip Code 32824

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 [Signature] Date 1-4-07 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for President FRANCISCO A. SALCEDO, V. Pres MARGARITA M. SALCEDO, and Treasurer MARGARITA G. RODRIGUEZ.

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 contained in Chapter 119, 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: FRANCISCO APARICIO SALCEDO 1-4-07 407-240-0678

1415 Twelve Oaks Dr Orlando Fl. 32824
407-240-0678 office
407-851-1989 Fax

2003

A1A Appliance Inc.

January 2, 2007

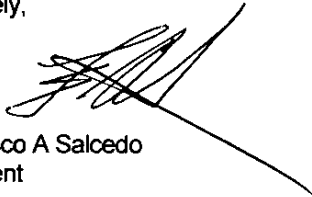
Florida Department of State

Corporation Reinstatement (P99000081185)

This letter is to inform you that we never received any letters or notice that we needed to reinstate. Our office move in 2000 to; 1415 Twelve Oaks Dr, Orlando Fl 32824 and we put in a change of address, but never received any notice. We were made aware that our corporation status was inactive, through our insurance company. They told us that our corporation needed to be reinstated, since year 2000 to the present. We did not receive any letters to inform us of our delinquency. When our insurance company informed us immediately, we called your office. And your agent suggested we write a letter and you might waive the reinstatement fee, and that we needed to pay one hundred and fifty dollars per year.

Enclosed is a check on the amount of \$1200.00. Please fax a copy of our reinstatement. In return, we can fax it to our insurance company.

Sincerely,



Francisco A Salcedo
President



2007 Florida Annual Resale Certificate for Sales Tax

DR-13A R. 01/07

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2007

Business Name and Location Address

Certificate Number

A1A APPLIANCE INC
1415 TWELVE OAKS DR
ORLANDO FL 32824-6342

58-8012189316-4

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
• Re-rental as real property.
• Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
• Re-rental as transient rental property.
• Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active registered dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law. Use signed photocopy for resale purposes.

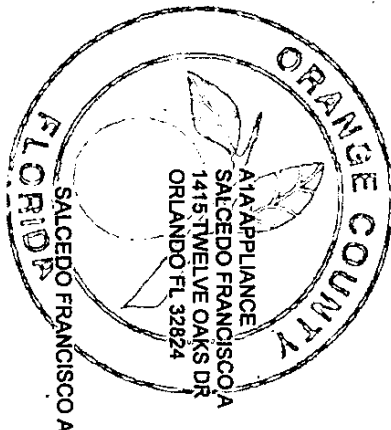
Presented to: (Insert name of seller on photocopy) (date)

Presented by: Authorized Signature (Purchaser) (date)

11955 S ORANGE BLOSSOM TL #1137
U - ORLANDO, 32821

TOTAL TAX \$30.00
PREVIOUSLY PAID \$0.00
TOTAL DUE \$30.00

3100 SVC-APPLIANCE REPAIRS 2006
ORIGINAL
EXPIRES 9/30/2007
1 EMPLOYEE



This form becomes a receipt when validated by the Tax Collector.

9/6/2006 11:22
1/Ref: 0021007590
\$30.00

Earl K. Wood, Tax Collector
Occupational License
Orange C
This license is in addition to and not in lieu of any other license required by law or municipal ordinance. It is subject to regulation of zoning, health authority. It is valid from October 1 through September 30 of license year. Delinquent penalty is added October 1.