

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000102209

1. Corporation Name

JEHOVA JIREH KITCHEN CABINETS, INC.

Principal Place of Business

Mailing Address

390 N.E. 116 ST.
MIAMI FL 33161

390 N.E. 116 ST.
MIAMI FL 33161

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

390 NE 116 ST
Suite, Apt. #, etc.
MIAMI FL 3

390 NE 116 ST
Suite, Apt. #, etc.
MIAMI FL

City & State

City & State

Zip: 33161 Country: USA

Zip: 33161 Country: USA

REINSTATEMENT 03



000024199430
10/28/03--01039--017 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1997

5. FEI Number

65-0799494

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	CABOVERDE, NOEL	390 NE 116TH ST	MIAMI FL 33161

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CABOVERDE, NOEL
390 NE 116TH STREET
MIAMI FL 33145

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Noel Caboverde
REGISTERED AGENT MUST SIGN

Date 10/28/03

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:

Noel Caboverde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)