

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -5 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 423812

1. Corporation Name

Best Custom Made Cabinets, Inc.

2. Principal Office Address

3144 West 81st St.

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

Zip

33018

Country

USA

3. Mailing Office Address

3144 West 81st St.

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

Zip

33018

Country

USA

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

4/17/1973

5. FEI Number

59-1465010

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

Carlos E. Garcia

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

4995 NW 72nd Avenue

Suite, Apt. #, Etc.

206

City

Miami

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date

4-1-05

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
P/D	Roberto Maldonado	3144 West 81st St.	Hialeah Gardens FL 33018

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

Date

Daytime Phone #

Roberto Maldonado - President

3-21-05 (305) 599-9939

CR2ED81 (07/05)

CARLOS E. GARCIA
CERTIFIED PUBLIC ACCOUNTANT
PROFESSIONAL ASSOCIATION
4995 NW 72ND AVENUE
SUITE 206
MIAMI, FLORIDA 33166
TEL (305) 599-9939
FAX (305) 599-8835

April 1, 2005

Florida Department of State
Secretary of State
Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, FL 32314

Re: Best Custom Made Cabinets, Inc.
#423812

Dear Sirs:

Enclosed please find the reinstatement form for the above-referenced corporation.

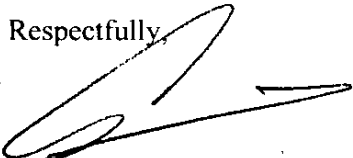
The corporation moved during 2004 without notification. Furthermore, an employee who served as registered agent resigned from the company, filed his resignation as registered agent (correctly), and no one noticed. The loss of this key employee caused a management vacuum that was not easily filled.

Please accept the company's payment in the amount of \$300.00 for 2004-2005 (\$150.00 + \$150.00) to bring this corporation in full compliance with the department.

Please note that I have agreed to serve as the new registered agent of the corporation.

Thanking you in advance for your understanding.

Respectfully,



Carlos E. Garcia, CPA, P.A.

Enclosure