

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 11 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 423812

1. Corporation Name

Best Custom Made Cabinets, Inc.

2. Principal Office Address - No P.O. Box #

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

800

City & State

Miami, FL

Zip

33126

Country

Miami- Dade

3. Mailing Office Address

10691 N. Kendall Drive

Suite, Apt. #, etc.

301

City & State

Miami, FL

Zip

33176

Country

Miami- Dade

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1973

5. FEI Number
59-1465010

Applied For
Not Applicable

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

200113865673
03/11/08--01005--024--4450.00

REINSTATEMENT 06-08

7. Name and Address of Current Registered Agent

Name

Carlos E. Garcia CPA, P.A.

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

10691 N. Kendall Drive

Suite, Apt. #, Etc.

301

City

Miami

State
FL

Zip Code
33176

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

Date 3-5-2008

REGISTERED AGENT MUST SIGN

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, T	Roberto Maldonado	5201 Blue Lagoon Drive, Suite 800	Miami, FL 33126
S	Catalina Maldonado	5201 Blue Lagoon Drive, Suite 800	Miami, FL 33126

\$13/12

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-05-2008

Date

Daytime Phone #

305-599-4939