

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                   |                   |                                                                                                                                                                        |                   |
|---------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>              |                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                   |
| DOCUMENT # 640239                                 |                   |                                                                                                                                                                        |                   |
| 1. Corporation Name<br>BEST PRICE CABINETS CORP.  |                   |                                                                                                                                                                        |                   |
| 2. Principal Office Address<br>13863 N.W. 19 AVE. |                   | 3. Mailing Office Address<br>13863 N.W. 19 AVE.                                                                                                                        |                   |
| Suite, Apt. #, etc.                               |                   | Suite, Apt. #, etc.                                                                                                                                                    |                   |
| City & State<br>OPALOCKA                          |                   | City & State<br>OPALOCKA<br>FLORIDA                                                                                                                                    |                   |
| Zip<br>33054                                      | Country<br>U.S.A. | Zip<br>33054                                                                                                                                                           | Country<br>U.S.A. |

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

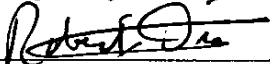
**REINSTATEMENT 05-06**

CR2E081 (12/05)

|                                                                                                                      |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4. Date Incorporated or Qualified<br>To Do Business in Florida<br>8-8-1979                                           |                                                                                 |
| 5. FEI Number<br>592064083                                                                                           | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |                                                                                 |

|                                                                            |             |                   |
|----------------------------------------------------------------------------|-------------|-------------------|
| 7. Name and Address of Current Registered Agent                            |             |                   |
| Name<br>ROBERT DIAZ                                                        |             |                   |
| Street Address (P.O. Box Number is Not Acceptable)<br>415 W. PARK DR. #102 |             |                   |
| Suite, Apt. #, Etc.<br>#102                                                |             |                   |
| City<br>MIAMI                                                              | State<br>FL | Zip Code<br>33172 |

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 

Date 11-6-06

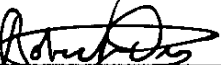
REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|------------------------------------------------|--------------------|
| PTO    | ROBERT DIAZ                       | 415 W. PARK DR. #102                           | MIAMI, FL. 33172   |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |

117 4705--01014--002 \*\*300.00

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:  - ROBERT DIAZ 11-6-06 305-6871603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11-6-06

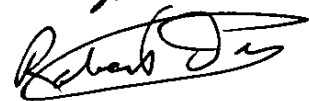
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Florida Department of State  
Division of Corporation.

I have not Receipt The annual Report notice since 2004,  
year in which I moved to a new location & properly  
Reported the new address to the Division of Corporation.  
I paid that year on the internet using my credit card because  
I didn't have the Report. —

I am enclosing a copy of the change of address letter I sent  
on 2004. —

Sincerely,



P.S. Please Note the new address:  
13863 N.W. 19 Ave  
Opalocka, FL 33054.

SENT. CR. #1249 FOR \$300.00

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COPY

4-1-04

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS:

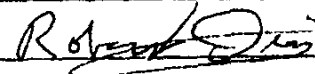
AS OF 1-1-04 WE MOVED TO A NEW LOCATION.  
OUR NEW MAILING ADDRESS IS: CAR-DI ENT. CORP  
13863 N.W. 19 AVE.  
OPALOCKA, FL 33054

OUR OLD ADDRESS WAS:

2061 N.W. 141ST.  
OPALOCKA, FL 33054

WE HAVE NOT RECEIVED THE 2004 UNIFORM BUSINESS  
REPORT AS OF THIS DATE (4-1-04). WE REPORTED  
OUR NEW ADDRESS ABOUT 2 MONTHS AGO.

PLEASE, CALL ME AT 305-6871603 IF YOU  
HAVE ANY QUESTIONS. - PLEASE SEND ME THE  
CORP. BUS. REPORT FOR 2004. -



ROBERT DIAZ (PRESIDENT)

NOTE: FEDERAL EMPLOYER ID. # 59-2064083

DATE INCORPORATED: 8-8-1999.