PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 14 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 640239

REINSTATEMENT 05-06

CR2E081 (12/05)

1. Corporation Name
BEST PRICE CABINETS CORP.

2. Principal Office Address	3. Mailing Office Address
13863 N.W. 19 AVE.	13863 N.W. 19 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OPALOCKA	City & State: OPALOCKA FLORIDA
Zip: 33054 Country: U.S.A.	Zip: 33054 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 8-8-1979

5. FEI Number: 592064083 ☐ 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: ROBERT DIAZ

Street Address (P.O. Box Number is Not Acceptable): 415 W. PARK DR. #102

Suite, Apt. #, Etc.: #102

City: MIAMI State: FL Zip Code: 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: [signature] 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
PTD	ROBERT DIAZ	415 W. PARK DR. #102	MIAMI, FL. 33172
		117 060114-002 **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: [signature] - ROBERT DIAZ 11-6-06 305-681603

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

11-6-05

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,
Robert D.

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

SENT. CK. #1249 FOR $300.00

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. 149 ST.
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. BUSS. REPORT FOR 2004. --

ROBERT DIAZ (PRESIDENT)

NOTE: FEDERAL EMPLOYER I.D. # 59-2064083
DATE INCORPORATED: 8-8-1999.