

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J07883

FILED
Nov 10, 2005
Secretary of State

Entity Name: ACCLAIM CABINETS, INC.

Current Principal Place of Business:

8813 N 15TH STREET
TAMPA, FL 33604 US

New Principal Place of Business:

1120 N 28TH STREET
TAMPA, FL 33605 US

Current Mailing Address:

8813 N 15TH STREET
4546 W. PARIS ST.
TAMPA, FL 33604 US

New Mailing Address:

1120 N 28TH STREET
TAMPA, FL 33605 US

FEI Number: 59-2671093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABALLERO, FRANK T., SR.
1120 N 28TH ST
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANK CABALLERO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABALLERO, FRANK T SR
Address: 8813 N 15TH STREET
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABALLERO, FRANK T SR
Address: 1120 N 28TH STREET
City-St-Zip: TAMPA, FL 33605

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK CABALLERO

PD

11/10/2005

Electronic Signature of Signing Officer or Director

Date