

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K34616

1. Corporation Name
HI-TECH CABINETS, INC.

FILED
97 APR 21 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7700 W OKEECHOBEE RD BAY 3 HIALEAH GARDENS FL 33016 US	Mailing Address 7700 WEST OKEECHOBEE ROAD BAY 3 HIALEAH GARDENS FL 33016-2116 US
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REINSTATEMENT *96 97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/27/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0081768	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SANCHEZ, ANTHONY	2920 S.W. 139TH AVENUE	MIAMI FL 33175
VD	LLAMERA, ROLANDO	2920 SW 139 AVENUE	MIAMI FL
			500002151925-6 -04/23/97-01064-007 ***915.00,***915.00

8. Name and Address of Current Registered Agent

SANCHEZ, ANTHONY
2920 S.W. 139TH AVENUE
BAY 1-0
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Anthony Sanchez
REGISTERED AGENT MUST SIGN

Date **4/15/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Anthony Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (305) 8243437
Date Daytime Phone #

CPRE040 (7/96)