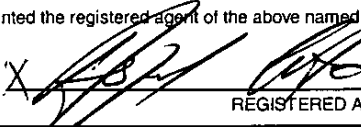


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 05 OCT -6 PM 1:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 01-05 T Roberson OCT 10 2005	
DOCUMENT # P00000047152 1. Corporation Name AC DESIGNER CABINET, INC.					
2. Principal Office Address 3190 S. STATE ROAD 7		3. Mailing Office Address			
Suite, Apt. #, etc. BAY #9		Suite, Apt. #, etc.			
City & State MIRAMAR, FL		City & State			
Zip 33023	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 5/11/02	
5. FEI Number 65-1007099				Applied For 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 ASFORD CATO		
Street Address (P.O. Box Number is Not Acceptable) 3190 S. STATE ROAD 7		
Suite, Apt. #, Etc. BAY #9		
City MIRAMAR	State FL	Zip Code 33023

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 10.3.05
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
PD	ASFORD CATO	3190 S. STATE RD. 7	MIRAMAR, FL 33023
		BAY #9	

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1500.00

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 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10.3.05	Daytime Phone #