

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 12 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078983

1. Corporation Name

CLOSETS BY US CORPORATION

5624 PLUNKETT STREET

5624 PLUNKETT STREET

2. Principal Office Address

5624 PLUNKETT STREET

3. Mailing Office Address

5624 PLUNKETT STREET

Suite, Apt. #, etc.

SUITES 3 & 4

Suite, Apt. #, etc.

SUITES 3 & 4

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

Zip

33023

Country

BROWARD

Zip

33023

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-1033208

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

FRANKLIN VALERIO

Street Address (P.O. Box Number is Not Acceptable)

5624 PLUNKETT STREET

Suite, Apt. #, Etc.

SUITES # 3 & 4

City

HOLLYWOOD

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

Franklin A. Valerio
REGISTERED AGENT MUST SIGN

Date **8/9/04**

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 |
|--------|--------------------------------------|---|--------------------------|
| PSTD | FRANKLIN VALERIO | 5624 PLUNKETT STREET, SUITES 3 | HOLLYWOOD, FLORIDA 33023 |
| | | | |
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| | | | |
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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:

Franklin A. Valerio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/04

Date

Daytime Phone #

PS Aug 2

Maring BOOKKEEPING SERVICE, INC.

5795 Orange Drive, Davie, FL 33314
Dade (305) 895-3466 • Broward (954) 792-5075 • FAX (954) 792-5062

INCOME TAX • CORPORATE RETURNS • PARTNERSHIP • SMALL BUSINESS

August 9, 2004

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: CLOSETS BY US CORPORATION

TO WHOM IT MAY CONCERN:

My client **never received their Annual Uniform Business Report** to file, we are asking for some consideration in abating the penalties for non-filing.

Thank you in advance for your time and consideration in helping us clear up this matter.

Thank You,



Jeannie Murphy
Maring Bookkeeping Service, Inc.