


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

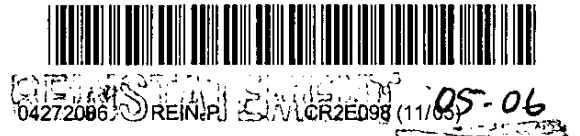
DOCUMENT # P00000078983		
1. Entity Name CLOSETS BY US CORPORATION		

FILED  
06 MAY -3 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <del>5624 PLUNKETT STREET</del> <del>SUITES 3 &amp; 4</del> <del>HOLLYWOOD, FL 33023</del>	Mailing Address <del>5624 PLUNKETT STREET</del> <del>SUITES 3 &amp; 4</del> <del>HOLLYWOOD, FL 33023</del>
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2. Principal Place of Business 8201 NW 8th Ave	3. Mailing Address 8201 NW 8th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Plantation, Fla	City & State Plantation, Fla
Zip 33324 Country <del>Barbados</del>	Zip 33324 Country <del>Barbados</del>



6. Name and Address of Current Registered Agent VALERIO, FRANKLIN <del>5624 PLUNKETT STREET</del> <del>SUITES 3 &amp; 4</del> <del>HOLLYWOOD, FL 33003</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8201 NW 8th Place City Plantation FL Zip Code 33324	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Franklin Valerio DATE 4/30/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VALERIO, FRANKLIN <del>5624 PLUNKETT STREET</del> <del>SUITES 3 &amp; 4</del> <del>HOLLYWOOD, FL 33023</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8201 NW 8th Place Plantation, Fla. 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Franklin Valerio DATE 4/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR