PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 MAR 20 AM 8:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000102868

1. Corporation Name: Pepes Cabinets Inc.
10216. S. Hwy 301
DadeCity FL 33525

2. Principal Office Address	3. Mailing Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State	City & State
Zip / Country Hernando	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 95

5. FEI Number: 593336942 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Jose Tejera JR.

Street Address (P.O. Box Number is Not Acceptable): 1802 E Navajo

Suite, Apt. #, Etc.:

City: Tampa, FL 33612

State: FL Zip Code:

100013286641
03/03/03--01006--015 **300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0609, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 2/27/03

Checklist for order

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
Pres	Jose Tejera JR.	1802. E. Navajo	Tampa, FL 33612
VicePres	Jose Tejera Sr.	35304 Randolfe Blvd	Webster, FL 33597
Tres.	Mayen Puentes	10216. S. Hwy 301	DadeCity, FL 33525

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: Mayen Puentes Mayen Puentes 2/27/03 (352) 567-9083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 3/21

PEPE'S CABINET SHOP, INC.

10216 S. HWY 301
DADE CITY, FL 33525

Phone (352) 567-9083Fax (352)567-9083

February 22, 2003

FLORIDA DEPARTMENT OF STATE
P.O BOX 6327
TALLAHASSEE, FL 32314

2001/2002

Dear Justin,

As per our conversation on Feb 18, 2003,on tuesday it appears that our corporation has become inactive. We moved in the earlier part of 2001 from Tampa to Dade City, FL. We didn't receive our form. You told me to fill out a reinstatement form and send a check in the amount of $ 300.00, 2 years $ 150.00 per year. Please restate us thank you for your cooperation.

Sincerely,

Maylen Puentes