

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 20 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2001/2002
Yvonne J. J. M.D.

DOCUMENT #

P00000102868

1. Corporation Name

Pepe's Cabinets Inc.

10216 S. Hwy 301

Dade City, FL 33525

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Fernando

4. Date Incorporated or Qualified
To Do Business in Florida

95

5. FEI Number

59-3336942

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)

Suite, Apt. #, Etc.

City

1802 E. Navajo

Tampa, FL 33612

100013286

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

State
FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/22/03

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
Vice Pres	Jose Tejera Sr.	35304 Randette Blvd	Webster, FL 33597
Treas	Maylen Puente	10216 S. Hwy 301	Dade City, 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 118.07(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:

2/22/03 (852) 877-9083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21

PEPE'S CABINET SHOP, INC.

10216 S. HWY 301
DADE CITY, FL 33525

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

February 22, 2003

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

2001/2002

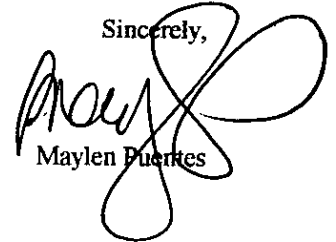
Dear Justin,

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 Puertes