


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
05 DEC 20 PM 4:04  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000022182

1. Corporation Name

GRAY CABINETRY SOLUTIONS, INC.

REINSTATEMENT 02-05

2. Principal Office Address 1100 NW 53 <sup>RD</sup> ST Suite, Apt. #, etc. STE 5 City & State FT. LAUDERDALE FL Zip 33309 Country USA		3. Mailing Office Address 1100 NW 53 <sup>RD</sup> ST. Suite, Apt. #, etc. STE 5 City & State FT LAUDERDALE FL Zip 33309 Country USA	
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CR2E081 (8/05)

T. Roberts

DEC 21 2005

4. Date Incorporated or Qualified To Do Business in Florida 03/01/2001	Applied For Not Applicable
5. FEI Number 65-1078805	
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 GREGORY S. BEAN	
Street Address (P.O. Box Number is Not Acceptable) 1100 NW 53 <sup>RD</sup> ST	
Suite, Apt. #, Etc. STE 5	
City FT LAUDERDALE	State FL
Zip Code 33309	

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12/20/05--01051--017 \*\*120.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent



REGISTERED AGENT MUST SIGN

Date 15 DEC 2005

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
P/D	GREGORY S. BEAN	4557 NW 9 <sup>TH</sup> AVE	POMPANO BCH FL 33064

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

13 DEC 2005 954-202-5757  
Date Daytime Phone #