PLEASE REA	AD ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
COMPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED O3FEBII PM 2:55
DOCUMENT # PO1000041476 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
DC MILLWORK & CARINET, CO.		WILLAMASSECTION
DC Micensia		025170321133711738508.75
2. Principal Office Address	3. Mailing Office Address	
615 FERGUSON DE	e 615 PERGUSON AR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4- Date Incorporated or Qualified 1
N/A City & State	-City & State	To Do Business in Florida 4133
ORIANDO FR	ORIANDO, FL	5. FEI Number Applied For
Zip Country	Zip 'Country	6. CERTIFICATE OF STATUS DESIRED M 58.75 Additional Fee required
32805 ORANGE	27602 GBPE	CERTIFICATE OF STATUS DESIRED 50.75 Additional Fee required for a Certificate of Status
Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
City ORLANDO		State Zip Code FL 33805
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 Date REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Office	er and/or Director (Florida nonprofit corporations must list at l	east 3 directors)
Titles Name of Officers and for Dire	ctors Street Address of Eac Officer and/or Direct	
AIR Dominic Co	sey 615 PERGUSON	AR ORIANDO FE 32805
		AMM
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 filling 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 ORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

DC Millwork & Cabinet Co.

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January 8, 2003

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

Ref: Document Number: P01000041476

To whom it may concern:

Please find enclosed "Corporation Reinstatement" form completed and for filing with your department.

The reason for not filing a UBR in 2002 is because we did not receive the form from your office nor did we receive any other notice. I am therefore enclosing a check in the amount of \$308.75 representing \$150.00 for the 2002 UBR, \$150.00 for the current UBR and \$8.75 for a Certificate of Status.

I appreciate your cooperation in this regard and should you have any questions, please do not hesitate to contact me at 407.521.8611.

Kindest regards

Dominic Casey
Director

Voice: 407.521.8611 Fax: 407.521.8526

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