

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS



FILED

03 OCT 20 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000103799

1. Corporation Name

CALIBER KITCHEN & BATH, INC.

Principal Place of Business

Mailing Address

~~2924 NE 1ST TERRACE
WILTON MANORS FL 33334~~

21519 KAPOK CIRCLE
BOCA RATON FL 33433



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

21519 Kapok Cir
Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

10/26/2001

5. FEI Number

80-0025016

Applied For

Not Applicable

City & State
Boca Raton, FL

City & State

Zip
33433

Country
USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
+ P/D	THOMASEVICH, ELIAS W	21519 KAPOK CIRCLE	BOCA RATON FL 33433

500023956015
10/20/03--01050--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMASEVICH, ELIAS W
21519 KAPOK CIRCLE
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

CR2E040 (7/03)

Caliber Kitchen & Bath, Inc.
21519 Kapok Circle
Boca Raton, FL 33433

October 14, 2003

We would like to request reinstatement of Caliber Kitchen & Bath, Inc, document number P01000103799. The corporation was dissolved on September 19, 2003 for failure to timely file the 2003 uniform business report. The corporation failed to file the 2003 UBR because the corporation did not receive any prior UBR notices. The ~~directors/officers of the corporation were unaware of the corporation's obligation to file this report with the State of Florida. Please reinstate the corporation and accept the fee to file the report without penalty of \$150.00 for a for-profit corporation.~~

If you have any questions, please contact our accountant Priscilla C. Thomasevich, CPA at (561) 368-7152. Thank you for your assistance.

Sincerely,



Elias Thomasevich
President/Director
Caliber Kitchen & Bath, Inc.