PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 4 p - 4 5 FLORIDA DEPARTMENT OF STATE .04 FEB 18 PH 4: 06 CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECHETARY OF STATE TALLAHASSEF, FLORIDA 100011 5300 DOCUMENT # 1. Corporation Name CABinets EMENT 03-04 Carter R Suite Ant # etc. Date Incorporated or Qualified To Do Business in Florida Applied For 5. FEI Number 59-3 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent Suite, Apt. #, Etc. State FL Garden named corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. 1-27-04

REGISTER D AGENT MUST SIGN  REGISTER D AGENT MUST SIGN  8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Tra	John Diran	689 Bething AVE	Winter Garden F1 3478
PRES	LAWRENGE NOBLE	754 KLONDKEST	WINTER GARDENH 3478
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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 of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 6, 2004

DEEZ CAB INC 930 CARTER RD UNIT 224 WINTER GARDEN, FL 34787

We have received your document for and check(s) totaling \$300.00. However, your check(s) and document are being returned for the following:

Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 504A00007936

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CAN you Please fee 5 wave extra Beause for mailed to wrong addess De rover recione the re Change Address foran ago, was also year Renew or Jease fax someth can you Saying we Reinstoted fax# (467) 654 8549 Thankyou John Durgin