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	¥° - F	PLEASE READ	ALL INSTR	UCTIONS	BEFOR	RE C	OMPL		FILE		۸. ۲	
COR	PORATI	ON	Ka Sec	DEPARTMENT OF STATE (atherine Harris decretary of State sion of corporations			•	03 A	PR 25	M 11: 5	•	*
1. Corporat		# PO20	) () () s, Inc.	0059	50							
<b>CL</b>				,				30001	856:	9103		
2. Principal Office Address 7500 N.W. 41st Street				Office Address			₩ <b>~</b>	5/08/0301 	0		ì	5 0
Suite, Apt. #, etc. Suite. Apt. #				elc.				Incorporated or Qui o Business in Florid	alified	9.04	P ISC	
chy & State Miami, Florida			City & State  Zip Country				5. FEI Number Applied For 54–2083673 Not Applied bit					]
		U.S.A.	Zíp	Cour	itry		S. CERTII	FICATE OF STATUS D	ESIRED 🔲	8.75 Additional for a Certification	I Fee require te of Status	c
Coorge I. Sigalos, Esq. Street Address (P.O. Box Number is Not Acceptable) SIMON, SIGALOS & SPYREDES, P.A., 120 East Palmetto Park Road  Suite Apt. # Etc. Suite 100  City Boca Raton  Sigalos, Esq. S												3/01}
Signature of Registered /	f		GISTERED AGEN	,				Date	3/10/	03		CR2E081 (9/01)
9. Names	and Street Ad	idresses of Each Officer and	or Director (Florid	a nonprofit corp	orations must I	ist at lea	st 3 direct	tors)				-
Titles	les Name of Officers and/or Directors			Street Address of E Officer and/or Dire					City / State / Zip			1
Pres	Ted P	laton		7500 N.W	1. 41st	sť.,	113	Miami	FL 3	3166		-
V-P	Ted P	laton		7500 N.V	1. 41st	st:,	113	Miami	-FL- 3			
Sec	Sec Ted Platon			7500 N.W. 41st St.			113 Miami FL 33166				4	
Tres	Ted P	laton		7500 N.V	W. 41st	st.,	113	Miami	FL 3	3166		-
		<u> </u>		<del></del>			· · · ·					1
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 disserting 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 hardes 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 dissignature shall have the same legal effect as if made under oath.												

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

pageroto

## SIMON, SIGALOS & SPYREDES

PROFESSIONAL ASSOCIATION ATTORNEYS AT LAW 120 EAST PALMETTO PARK ROAD SUITE 100 BOCA RATON, FLORIDA 33432

MICHAEL W. SIMON GEORGE L. SIGALOS ANASTASIOS TOM SPYREDES MICHELE R. BEERMANN TELEPHONE (561) 447-0017 FACSIMILE (561) 447-0018

April 25, 2003

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

ATTN.: TYRONE SCOTT

Re: Reinstatement of Cabinet Component Systems, Inc.

Dear Mr. Scott:

With reference to the above-referenced corporation and a telephone conversation with my secretary, April, yesterday, enclosed please find the following:

- 1. Original cancelled check number 2900 dated September 7, 2002 made payable to Department of State in the sum of \$150.00 which represents payment for the year 2002;
  - 2. Fully completed and executed Corporation Reinstatement form; and
- 3. Check number 4120 made payable to the Department of State in the sum of \$150.00, which represents payment for the year 2003;
- 4. Original letter dated March 10, 2003 which was delivered via Federal Express to the Department of State; and,
  - 5. Copy of letter dated March 19, 2003 rejecting all of the above.

Per your telephone conversation with April, all late fees will be waived because my client never received any notices regarding the year 2002 and the corporation will be reinstated and is current for the years 2002 and 2003.

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If any of the foregoing is incorrect, please contact me immediately. Thank you for your prompt and courteous attention to this matter.

Very truly yours,

George L. Sigalos

GLS:ade Encs.

cc: Cabinet Component Systems, Inc.