

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

11/2
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 17 PM 4:34

DOCUMENT # P02000022011

1. Corporation Name

OSEGUERA CABINET CORP.

Principal Place of Business

Mailing Address

4522 SW 74 AVE
MIAMI FL 33155

4522 SW 74 AVE
MIAMI FL 33155



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

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

01-0632030

Not Applicable

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	OSEGUERA, JOAQUIN	1038 SW 66 AVE APT 2 121 NW 69 AVE	MIAMI FL 33144 Miami FL 33126

100024764471
11/17/03--01103--020 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OSEGUERA, JOAQUIN

~~1038 SW 66 AVE APT 2~~ 121 NW 69 AVE
~~MIAMI FL 33144~~ Miami FL 33126

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

SIGNATURE

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

11/13/03 786-423-4665
Date Daytime Phone #

CR2E040 (7/03)

2/2

November 13, 2003

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

Re: Reinstatement Section.
Oseguera Cabinet Corp.
FEIN No. 01-0632030

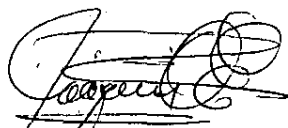
Dear Sr. or Madam:

The present letter is in response to your request about the Notice of Administrative Dissolution or Revocation.

I would like to inform you that I never received the first notification about our Business Report for the year 2003, we still on the same address that you have in your records for my company, but we never received it. At the present time I request you mercy about this case because this is our first year that we need to pay this report and we don't now about it. Enclosed please find check for the amount of \$150.00.

If you need more information please do not hesitate to contact us at 786-423-4665 office hours.

hoping my petition is kept in mind, of you cordially,



Joaquin Oseguera
President
4522 SW 74 Avenue
Miami Florida 33155