PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT

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

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/26/2002

5. FEI Number: 01-0632030 ☐ Applied For ☐ Not Applicable

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
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

OSEGUERA, JOAQUIN
~~1038 SW 66 AVE APT 2~~ 121 NW 69 Ave
~~MIAMI FL 33144~~ Miami FL. 33126

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: **FL** | Zip Code

CR2E040 (7/03)

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 REQ. _____ 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: X Joaquin G _____ 11/13/03 786-423-4665

~~SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~ Date Daytime Phone #

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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