

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILE

04 MAR 15 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P02000054737*

1. Corporation Name

*J.P. Kitchen Design & Distributor Inc.*

2. Principal Office Address

*1911 SW 101 Ave*

3. Mailing Office Address

*1911 SW 101 Ave*

Suite, Apt. #, etc.

*Bay-D*

Suite, Apt. #, etc.

*Bay-D*

City & State

*Miramar FL*

City & State

*Miramar FL*

Zip

*33025*

Country

Zip

*33025*

Country

REINSTATEMENT 03-04

4. Date incorporated or Qualified  
To Do Business in Florida

*5/17/2002*

5. FEI Number

*30-0076646*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*Juan Padron*

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

*1911 SW 101 Ave*

Suite, Apt. #, Etc.

*Bay-D*

City

*Miramar*

*700030474077*

*03/15/04--01048--016 \*\*158 75*

*700030474077*

*03/15/04--01048--017 \*\*158 75*

State

*FL*

Zip Code

*33025*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PSD</i>	<i>Juan Padron</i>	<i>1911 SW 101 Ave Bay-D</i>	<i>Miramar FL 33025</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

**JP KITCHEN DESIGN &  
DISTRIBUTOR, INC.**

**1911 SW 101 AVE BAY-D  
MIRAMAR, FLORIDA 33025**

March 9, 2004

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl. 32399

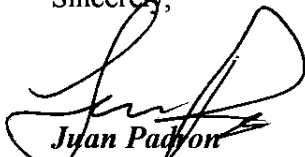
**Attn: Reinstatement Section**

**Re: Document # P02000054737**

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation for the years 2003 & 2004. As we stated in the phone conversation, we moved our offices and thus never received our UBR reports. We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,

  
**Juan Pachon**  
**President**