

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

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

REINSTATEMENT *03-04*

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> |
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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 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

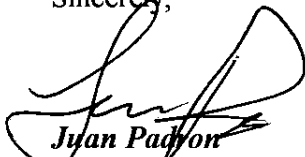
Attn: Reinstatement Section

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