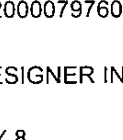


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JAN 20 PM 1:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P02000079760					
1. Corporation Name MIREYA'S CABINET DESIGNER INC					
3655 W 16 AVE BAY 7 Y 8 365 W 16 AVE					
2. Principal Office Address 3655 W 16 AVE BAY 7 Y 8		3. Mailing Office Address 365 W 16 AVE			
Suite, Apt., etc.		Suite, Apt., etc. BAY-7 Y-8			
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA			
Zip 33012	Country USA	Zip 33012	Country USA		
		4. Date Incorporated or Qualified To Do Business in Florida 07/23/2002			
5. FEI Number 02-0636408				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Name ROSA M GONZALEZ					
Street Address (P.O. Box Number is Not Acceptable) 8861 NW 153 TERRACE					
Suite, Apt., Etc.					
City MIAMI LAKES				State FL	Zip Code 33018
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 _____ REGISTERED AGENT MUST SIGN				Date <u>1/18/2005</u>	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PTE	ROSA M GONZALEZ	8861 NW 153 TERRACE		MIAMI LAKES, FL 33018	
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:	<u>[Handwritten Signature]</u>		Date	01/18/2005 305 822 9512	
SIGNATURE AND TYPED OR PRINTED NAME OF SINGING OFFICER OR DIRECTOR		Daytime Phone #			

STAMP: 500045082845 01/20/05--01022--002 **\$500.00
JL 1/26 STAMP: 500045082845 01/20/05--01022--003 **\$460.00
STAMP: 300045582733 01/28/05--01015--018 **\$90.00