

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC -9 PH 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000091492**

1. Corporation Name

PADRINO KITCHEN CABINETS AND FURNITURE CORP.

Principal Place of Business

Mailing Address

3712 NW 50 ST
HIALEAH FL 33142

3712 NW 50 ST
HIALEAH FL 33142



REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/22/2002	
City & State		City & State		5. FEI Number	
Zip		Country		52-2373462	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
DPST	ALVAREZ, SANTO J	35 NW 56 AVE	MIAMI FL 33126

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALVAREZ, SANTO J 35 NW 56 AVE MIAMI FL 33126		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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]
REGISTERED AGENT MUST SIGN

Date

12/3/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/3/03 305 6351613

CR2ED40 (7/03)

Basic Accounting Services

692 West 29 Street
Hialeah, Florida, 33012
(305)887-4185

Miami 3rd, December, 2003

Florida Department of State
Reinstatement Division

Ref: Padrino Kitchen Cabinets and Furniture Corp.. Doc.# P02000091492

Please check your records because I all ready paid the UBR 2003 and the check was deposited in your account adj. copy of the check, I spoke to one of your representatives by phone but I did not have the prove at the moment, and is very important to have it active because we where filing some documents with the county and the corporation is close.

Adj. you will find a copy of the check # 1103 showing the full payment before the due date. So please proceed to update the record to ACTIVE status.

Thanks for your help.



Hector J. Hall

BASIC ACCOUNTING SERVICE
692 W. 29 Street #9
Hialeah, FL 33012

c.c. File
c.c. Leg. Div.