PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED

03 NOV -7 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108016

1. Corporation Name

MUNDY KITCHEN CABINET, INC

REINSTATEMENT 2003

2. Principal Office Address		**3.** Mailing Office Address	
9900 NW 80th AVENUE		1855 WEST 62nd STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
B4V		214	
City & State		City & State	
HIALEAH GARDENS, FL		HIALEAH, FL	
Zip	Country	Zip	Country
33016	USA	33012	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 51-0430415 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RAYMUNDO PARRADO

500024526185
11/07/03--01070--028 **75.00

Street Address (P.O. Box Number is Not Acceptable): 1855 WEST 62nd STREET

Suite, Apt. #, Etc.: APT #214

City	State	Zip Code
HIALEAH	FL	33012

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 _____ Date OCTOBER 31, 2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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*
PD	RAYMUNDO PARRADO	1855 WEST 62nd STREET #214	HIALEAH, FL. 33012

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: _____ OCTOBER 31, 2003 (786) 298-0131

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