

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

04 APR -5 PM 1:56

DOCUMENT # P02000114406

1. Corporation Name

DECO KITCHEN CABINETS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

-03

Principal Place of Business

Mailing Address

4410 WEST 16 AVE

4410 WEST 16 AVE

5-

5-

HIALEAH, FL 33012

HIALEAH, FL 33012

DA

DA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

100028631151
02/12/04--01005--007 **500.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

68-0544090

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$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
Manager	David Diaz	4410 W. 16 AVE S-213	HIALEAH FL 33012
			100028631151 02/12/04--01005--008 **258.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, DAVID
4410 WEST 16 AVE
5-
HIALEAH, FL 33012

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

REGISTERED AGENT MUST SIGN

Date

2/4/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/04 (305) 247-2476

CR2E040 (7/03)