

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000001842

1. Corporation Name

MICHIGAN CABINET AND FURNITURE INC

2. Principal Office Address

5804 PADGETT CIR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32809

Country

3. Mailing Office Address

5804 PADGETT CIR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32809

Country

REINSTATEMENT 04-06
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-01-2003

5. FEI Number

59-3397840

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

LAZARO FRUTO

Street Address (P.O. Box Number is Not Acceptable)

5804 PADGETT CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

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

Lazaro Fruto
REGISTERED AGENT MUST SIGN

Date 03-02-06

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
P	LAZARO FRUTO	5804 PADGETT CIR	ORLANDO, FL 32809
S	TERESA ROMERO	5804 PADGETT CIR	ORLANDO, FL 32809

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 contained in Chapter 119, 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:

Lazaro Fruto

03-02-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



LAZARO FRUTO

5804 PADGETT CIRCLE
Orlando FL 32809
407872-0047

March 3, 2006

**Florida Department of State
Division of Corporations**

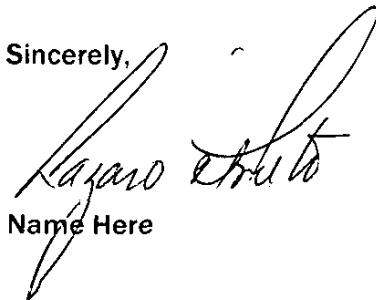
RE: Corporation Reinstatement

Division of Corporations,

The purpose of the letter is to explain that 933 W Michigan Address is
not for mailing address. This is the reason I forgot to reinstate, we
have a problem getting mail here, to 933,

My mailing address is 5804
PADGETT CIRCLE
Orlando FL 32809

Sincerely,


Name Here