

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P03000088213  
1. Corporation Name  
**Customized Cabinetry By Design Inc.**

**FILED**  
07 APR 30 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 05-07**  
07-22-05 90809 015 - \$150.00

2. Principal Office Address - No P.O. Box #  
**1601 NW 179<sup>th</sup> St**  
State, Apt. #, etc.

3. Mailing Office Address  
**1601 NW 179<sup>th</sup> St**  
State, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33169** Country  
**United States**

Zip  
**33169** Country  
**United States**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**113690802** Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name  
**ADELINA LA FRANCE DESSA**

Street Address (P.O. Box Number is Not Applicable)  
**1601 NW 179<sup>th</sup> St**

City  
**Miami** State  
**FL** Zip Code  
**33169**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0300 or 617.0500, F.S.

Signature of Registered Agent: **X [Signature]** REGISTERED AGENT MUST SIGN Date: **4-27-07**

9. Names and Street Addresses of Each Officer and/or Director (Florida corp/LLC 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
D	Jean M. Dessal	1601 NW 179 <sup>th</sup> St Miami, FL 33169	Miami, FL 33169
D	Adelina La France Dessal	1601 NW 179 <sup>th</sup> St Miami, FL 33169	Miami, FL 33169

500103284045  
05/25/07-01013-014 \*\*\$00.00

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 disqualification has been eliminated, the corporate name satisfies the requirements of section 607.0301 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 110, 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:** **X [Signature]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OFFICER OR DIRECTOR Date: **4-27-07** Daytime Phone #

To: Florida Dept. Of State  
Secretary Of State  
Division of Corporations

My document number is P3000058213 and Business name is Customized Cabinetry By Design. I sent in 150.00 in July 05'. I'm requesting that it be applied to my reinstatement fee for my Corporation. Enclosed is a 300.00 check for the remaining portion. If you have any questions pls feel free to call my assistant Latoya M. Morrison at 954-833-9013 ext. 234 or myself Jean Marie Ortskar at 305-308-2182 or 1 305-757-4411. Thank-you kindly.....

Sincerely,  
  
Jean Marie Ortskar  
Director