

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000072098 ✓

1. Entity Name  
FLORIDA CABINETS MA INC.



FILED

07 MAY -3 PM 12:58

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7360 W 20 AVE  
#136  
HIALEAH, FL 33016

Mailing Address  
3116 W 81 ST  
HIALEAH  
OPALOKA, FL 33055



04272008-0008 (107) **REINSTATEMENT** 06-07

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

✓ Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
20-0064648

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KABA CONSULTING INC  
1307 RAIN FOREST LN  
MINNEOLA, FL 34710

~~DELETE~~

Name  
MICHAEL ANDINO

Street Address (P.O. Box Number is Not Acceptable)  
3116 W 81 ST

City  
HIALEAH

FL Zip Code  
33018

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and date of signature

MICHAEL ANDINO (PRESIDENT) 04/14/2007

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ANDINO, MICHAEL  
17431 NW 41 AVE  
OPA LOCKA, FL 33055

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

*[Signature]*

MICHAEL ANDINO 04/15/2007 305-575-4241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #