PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 29 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000088442

1. Corporation Name
GERARDO CABINET INSTALLATION, INC

2. Principal Office Address	**3.** Mailing Office Address
1401 AGUACATE CT	1401 AGUACATE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32837 Country: ORANGE	Zip: 32837 Country: ORANGE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-120 0804 ☐ 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: GERARDO APARICIO

Street Address (P.O. Box Number is Not Acceptable): 1401 AGUACATE CT REINSTATEMENT 04

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32837

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: X _____ Date: 11/22/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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/S/D	GERARDO APARICIO	1401 AGUACATE CT	ORLANDO, FL 32837
VP/D	JESON APARICIO	1401 AGUACATE CT	ORLANDO, FL 32837
T	SHIRLEY VALVERDE	1401 AGUACATE CT	ORLANDO, FL 32837
		100043047201 11/29/04--01066--022 **300.00	

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 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: X _____ 11/22/04 407-851-5609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

November 22, 2004

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear: Sirs

Enclosed you'll find check for the amount of $300.00 and the reinstatement form for " Gerardo Cabinet Installation, Inc." Doc# P03000088442. Per telephone conversation, this will cover the amount due to restore our corporation with the state and also to pay in advance next year renewal (for 2005). Please accept our apologies for the delay it seems that because we have moved numerous times we did not get the papers to renew our corporation previously. We were not aware of said renewal and it came as quite a surprise when we ere told of the status of our corporation. Please accept our apology and put our company in active status and payment of the above as noted. Should you have any question, please give us a call or write to us at the address submitted on said forms. Thank you.

Sincerely,

Gerardo Aparicio
President
Gerardo Cabinet Installation, Inc.
Doc# P03000088442