

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000119542

1. Entity Name  
J & B CUSTOM CABINETS INSTALLATION, CORP.



Principal Place of Business  
13215 SW 55 STREET  
MIAMI, FL 33175 US

Mailing Address  
13215 SW 55 STREET  
MIAMI, FL 33175 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10312004

REIN-P

CR2E098 (6/04)

4. FEI Number

20-0335257

Applied For

Not Applicable

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

VILLA, JAVIER O  
13215 SW 55 STREET  
MIAMI, FL 33175

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/05  
DATE

FILE NOW!! FEE IS \$150.00

After January 1, 2005, Fee will be \$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 P  
NAME VILLA, JAVIER O  
STREET ADDRESS 13215 SW 55 STREET  
CITY-ST-ZIP MIAMI, FL 33175

TITLE  
NAME 400043699514  
STREET ADDRESS 02/04/05--01011--002  
CITY-ST-ZIP \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME 400043699514  
STREET ADDRESS 12/29/04--01037--002  
CITY-ST-ZIP \*\*150.00

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/04 (305) 970-3929  
Date Daytime Phone #

2/1/05