

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -1 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000131629

1. Entity Name
CASTIBLANCOS QUALITY CABINETS INC



Principal Place of Business
489 LOS CORTES LANE, APT. #201
ATTN: RODOLFO CASTIBLANCO
ORLANDO, FL 32824 US

Mailing Address
489 LOS CORTES LANE, APT. #201
ATTN: RODOLFO CASTIBLANCO
ORLANDO, FL 32824 US

REINSTATEMENT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



11/13/06 01038/012 \$8.75
11/13/06 01038/013 \$150.00

11292006 REIN-P CR2E098 (11/05)
4. FET Number 20-0429221

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

CASTIBLANCO, RODOLFO
670 MADRID DR
KISSIMMEE, FL 34758

Name Rodolfo Castiblanco
Street Address (P.O. Box Number is Not Acceptable)
489 Los Cortes Ln Apt. #201
City Orlando FL Zip Code 32824

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/29/06
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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 CASTIBLANCO, RODOLFO
STREET ADDRESS 670 MADRID DRIVE
CITY-ST-ZIP KISSIMMEE, FL 34758 ☐ Delete

TITLE P
NAME Rodolfo Castiblanco
STREET ADDRESS 489 Los Cortes Ln Apt. #201
CITY-ST-ZIP Orlando, FL 32824 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 blocks empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/06 407-856-0711
Date Daytime Phone #