04

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000144395

1. Entity Name
LA'O CABINET INSTALLER, INC.

FILED
05 FEB -7 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02022005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
2154 W OAK RIDGE ROAD APT. P ORLANDO, FL 32809	2154 W OAK RIDGE ROAD APT. P ORLANDO, FL 32809

2. Principal Place of Business	3. Mailing Address
6062 Casa Del Rey Circle Suite, Apt. #, etc.	6062 Casa Del Ray Circle Suite, Apt. #, etc.
City & State: Orlando Florida	City & State: Orlando Florida
Zip: 32809 Country: Orange	Zip: 32809 Country: Orange

4. FEI Number 90-0130131 ☐ 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
LA'O, FELIX 2154 W OAK RIDGE ROAD APT. P ORLANDO, FL 32809	Name: LA'O FELIX Street Address (P.O. Box Number is Not Acceptable) 6062 Casa Del Rey Circle City: Orlando FL Zip Code: 32809

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: A Felix LA'O DATE: 02/03/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D LA'O, FELIX 2154 W OAK RIDGE ROAD ORLANDO, FL 32809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LA'O FELIX 6062 Casa Del Ray Circle Apt S Orlando, Florida 32809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEJADA, MIGUEL 5752 STONERIDGE COURT ORLANDO, FL 32839	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Director Pedro Ruiz 1006 Malcom Rd. Ocoee, Florida 34761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELGADO, JESUS 2128 W OAK RIDGE RD APT N. ORLANDO, FL 32809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER Yasmey Delgado 6062 Casa del Rey Circle Apt B Orlando, Florida 32809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY KRISTEN RUIZ 1006 MALCOM Rd. Ocoee, Florida 34761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JESUS DELGADO 6017 CASA DELRAY CIRCLE APT B ORLANDO, Florida 32809	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200002441892 02/41705--0[illegible]--016 **300.00	☐ Change ☐ Addition

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] 02/03/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #