

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAR 21 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P04000003399**

1. Corporation Name  
**SOSA CABINET INSTALLER, INC**

2. Principal Office Address  
**2454 MILL RUN BLVD**

Suite, Apt. #, etc.  
**N/A**

City & State  
**KISSIMMEE**

Zip  
**34744**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State  
**FLORIDA**

Zip Country

**REINSTATEMENT 05.06**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEJ Number  
**03-0537024**

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  
**ANTONIO G. SOSA**

Street Address (P.O. Box Number is Not Acceptable)  
**2454 MILL RUN BLVD**

Suite, Apt. #, Etc.

City  
**KISSIMMEE**

State  
**FL**

Zip Code  
**34744**

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**

REGISTERED AGENT MUST SIGN

Date

**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.	ANTONIO G SOSA	2454 MILL RUN BLVD	KISSIMMEE, FL 34744

400069061724  
03/20/06 01058 009 \*\*150.00  
400069061724  
03/20/06 01058 010 \*\*150.00

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 contained in Chapter 119, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/06 321-9469058  
Date Daytime Phone #

2052

SOSA CABINET INSTALLER, INC  
2454 MILL RUN BLVD  
KISSIMMEE, FL 34744  
TELEPHONE 321 946 9058

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

GENTLEMEN:

SUBJECT: ADMINISTRATIVE DISSOLUTION FOR ANNUAL REPORT  
P04000003399, FEI NUMBER 030537024.

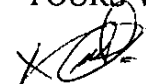
WE ARE FILING A CORPORATE REINSTATEMENT FORM SINCE OUR CORPORATION WAS ADMINISTRATIVELY RESOLVED DUE TO NON-PAYMENT OF THE ANNUAL REPORT FOR 2005 AND THE ANNUAL REPORT FOR 2006 CURRENTLY DUE AND PAYABLE IN MAY 1<sup>ST</sup> OF 2006.

SINCE WE DID NOT RECEIVED YOUR ANNUAL REPORT NOTICE, WE WERE NOT AWARE OF THIS DEADLINE. PLEASE, NOTICE OUR NEW ADDRESS. WE LEARNED ABOUT OUR ADMINISTRATIVE DISSOLUTION WHEN WE WERE LOOKING IN YOUR WEB PAGE FOR OUR NAME.

WE ARE REQUESTING THE ABATEMENT OF THE REINSTATEMENT FEES AND WE ARE ENCLOSING OUR CHECK FOR \$150.00 FOR CALENDAR YEAR 2004 THAT IS PAYABLE IN MAY 1<sup>ST</sup> 2005. ADDITIONALLY WE ARE ENCLOSING ANOTHER CHECK FOR \$150.00 TO PAY FOR CALENDAR YEAR 2005 THAT IS DUE ON OR BEFORE MAY 1, 2006.

WE SHALL APPRECIATE REINSTATEMEN OF OUR CORPORATION AS SOON AS POSSIBLE.

YOURS VERY TRULY,

  
PRESIDENT