


PS 1 82

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 MAR -9 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO4000003464</u>			
1. Corporation Name <u>Vida Cabinet Installer Inc.</u>			
2. Principal Office Address <u>1070 Redman St</u> Suite, Apt. #, etc. <u>Apt. D</u> City & State <u>Orlando, FL.</u> Zip <u>32839</u>		3. Mailing Office Address <u>1070 Redman St</u> Suite, Apt. #, etc. <u>Apt. D</u> City & State <u>Orlando, FL</u> Zip <u>32839</u>	
Country <u>Orange</u>		Country <u>Orange</u>	

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>90-0159895</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>JOSE R. VIDAL</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1070 REDMAN ST.</u>	
Suite, Apt. #, Etc. <u>APT. D</u>	
City <u>Orlando</u>	State <u>FL</u>
Zip Code <u>32839</u>	

700048399687
03/15/05--01009--009 **308 75

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 [Signature] Date 03-7-2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	JOSE R. VIDAL	1070 Redman St	Orlando, FL. 32839

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: [Signature] Director Date 03-7-05 (407-928-4920)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)

PS 2/22

VIDAL CABINET INSTALLER, INC
1070 REDMAN STREET
APT D
ORLANDO, FL 32839

February 14, 2005

FLORIDA DEPARTMEN OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6237
TALLAHASSEE, FL 32314

DEAR SIRs:

I am enclosing a reinstatement fee in the amount of \$300.00 to pay for the annual report of the current year 2005 and my previous year 2004. I additionally enclose \$8.75 for a certification of status. The total amount of the check is \$308.75

Since the address you have on files is not the same as the my current address, I was not able to receive any communication or notice of the fees owed and the amount to be paid. Additionally, my Corporation ~~remained inactive~~ since it was incorporated.

Because of the circumstances explained above I respectfully request that you abate any penalty and interest that may charged for late payment of the annual report.

Respectfully Submitted


JOSE R. VIDAL,
Director, President
Vidal Cabinet Installer, Inc.