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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO4000003464**

1. Corporation Name

Vidal Cabinet Installer Inc.

2. Principal Office Address

1070 Redman St

Suite, Apt. #, etc.

APT. D

City & State

Orlando, FL.

Zip
32839

Country
Orange

3. Mailing Office Address

1070 Redman St

Suite, Apt. #, etc.

APT. D

City & State

Orlando, FL

Zip
32839

Country
Orange

REINSTATEMENT **04-05**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

90-0159895

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

JOSE R. VIDAL

700048399687

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

1070 REDMAN ST.

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

Suite, Apt. #, Etc.

APT. D

City

Orlando

State

FL

Zip Code

32839

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

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)

Titles	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:

Jose R. Vidal Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-7-05 (407-928-4920)

Date

Daytime Phone #

CR2E081 (01/05)

BS 2/2

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

February 14, 2005

FLORIDA DEPARTMENT 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.