

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 10 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 04000015066

1. Corporation Name

NEW YORK KITCHEN CABINETS
INSTALLATIONS AND SERVICES INC.

2. Principal Office Address - No P.O. Box #

2126 BLACK MANORUE DR

Suite, Apt. #, etc.

3. Mailing Office Address

2126 BLACK MANORUE DR

Suite, Apt. #, etc.

City & State

ORLANDO Florida

City & State

ORLANDO FL

Zip

32828

Country

USA

Zip

32828

Country

USA

REINSTATEMENT

06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-0014801

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

MARIO DEL RINO

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

2126 BLACK MANORUE DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32828

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

W07000058307

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

REGISTERED AGENT MUST SIGN

Date 11/25/07

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
MRS.	NORMA DEL RINO	2126 BLACK MANORUE DR	ORLANDO FL 32828
MR	CRISTIAN DEL RINO	155 S. COURT AV.	ORLANDO FL 32801
			200112686512 11/29/07--01013--004 **300.00
MRS	IRMA TORRES	2126 BLACK MANORUE DR	ORLANDO FL 32828

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/07

Date

Daytime Phone #

4075099208