2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000018657

1. Entity Name
DREAM KITCHEN CABINET INC

FILED
06 JUN 12 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04122006 REIN-P CR2E098 (11/05) 05-06

Principal Place of Business	Mailing Address
8504 NW 66TH ST MIAMI, FL 33166	8504 NW 66TH ST MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
8504 NW 66st	8504 NW 66st
Suite, Apt. #, etc. MIA - FL	Suite, Apt. #, etc. MIA - FL
City & State	City & State
Zip 33166 Country USA	Zip 33166 Country USA

4. FEI Number 34-1977-223 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, ERNESTO
7345 SW 21 ST
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name Susan M. Garcia, P.A.
Street Address (P.O. Box Number is Not Acceptable) 901 Ponce de Leon Blvd Suite 606
City Coral Gables FL Zip Code 33134

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 ____________________ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) ____________ DATE

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 ALCALA, ANSEL 1345 W 29 ST #210 HIALEAH, FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Roberto Colatosti 10947 NW 65st Dolal - FL 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JM 6/14	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300076431893 06/21/06--01031--019 **308.75	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Roberto Colatosti Roberto COLATOSTI 05/17/06 305-4368373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #