
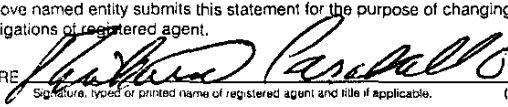
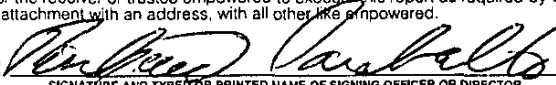


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 14 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                        |  |   |   |  |
|---|------------------------|--|---|---|--|
| <b>DOCUMENT # P04000021352</b><br>1. Entity Name<br>RICHARD'S CABINET INSTALLATION & SERVICE INC.   |                        |  |   |  |  |
| Principal Place of Business<br>50 NE DIXIE HIGHWAY<br>UNIT C-7<br>STUART, FL 34994 US   |                        |  | Mailing Address<br>50 NE DIXIE HIGHWAY<br>UNIT C-7<br>STUART, FL 34994 US         |   |  |
| 2. Principal Place of Business  |                        | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |                        | Suite, Apt. #, etc.  |   |   |  |
| City & State  |                        | City & State   |   |   |  |
| Zip   | Country                | Zip  | Country   | 4. FEI Number<br>10072005 REIN-P CR2E098 (6/04)                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |                        |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent   |                        |  | 7. Name and Address of New Registered Agent                                       |   |  |
| CARABALLO, RICHARD<br>50 NE DIXIE HIGHWAY<br>UNIT C-7<br>STUART, FL 34994   |                        |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| 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   |                        | <br>Signature, typed or printed name of registered agent and title if applicable. |   | DATE<br>10/14/05  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2006, Fee will be \$300.00</b>  |                        | 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   | P                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | CARABALLO, RICHARD     |  | NAME  | 500060633875  |  |
| STREET ADDRESS  | 50 NE DIXIE HIGHWAY    |  | STREET ADDRESS  | 10/14/05--01065--026 **150.00   |  |
| CITY-ST-ZIP   | STUART, FL 34994       |  | CITY-ST-ZIP   |   |  |
| TITLE   | VP                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | CARABALLO, RICHARD B   |  | NAME  |   |  |
| STREET ADDRESS  | 1989 SE MADISON STREET |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | STUART, FL 34997       |  | CITY-ST-ZIP   |   |  |
| TITLE   |                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                        |  | NAME  |   |  |
| STREET ADDRESS  |                        |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                        |  | CITY-ST-ZIP   |   |  |
| TITLE   |                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                        |  | NAME  |   |  |
| STREET ADDRESS  |                        |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                        |  | CITY-ST-ZIP   |   |  |
| TITLE   |                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                        |  | NAME  |   |  |
| STREET ADDRESS  |                        |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                        |  | CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  |                        | <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR            |   | DATE<br>10/14/05  |  |

10/14/05