PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State IVISION OF CORPORATIONS		FILED 2011 FEB -3 AM 9: 00
DOCUMENT # P0500080039 1. Corporation Name			SECRETARY OF STATE TALEAHASSEE. FLORIDA
Polstons Cabinets Inc			
Principal Office Address - No P.O. 8ox #		4 1	00193277474 3/1101043008 **900.00
3520 Antique Rd. 352 Suite, Apt #, etc. Suite, Apt	DAITQUE Rd	(JEJ Q).	37 11 1010円3 1003 本年300 00 CR2E001 (11/10)
Ony & State			roraled or Qualified ness in Florida 06/03/2005
STACEVITE F. STAC	CeVille F.	2029	33386 Not Applicable E DF STATUS DESIRED \$8.75 Additional Fee required
33440 Floings 32440 Holmes 7. Name and Address of Current Registered Agent		021711 10711	for a Certificate of Status
Name Randall L. Polston Street Address (P.O. Box Number is Not Acceptable) 35 20 Flutique IXA			
Suite, Apt. #, Etc.	I Share I To Code		
Frace Ville	FL 32440		
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 Agent Registered Agent MUST SIGN			41
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
P Randail Holstor	13570 Antigu	e Rd.	GraceVille F-1.3244
TAEA Loma A Polston	3520 Artique	1201·	Grace Ville FL 3240
5 Loma A. Yolston	3500 Flutique	WQ.	Stace VIIL FL. 32440
REINSTATE	MENT	R	1
10. E-mail Address: Randall Polston @ att. net			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I are aware that false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s.817, 155. F.S.			
SIGNATURE: X Market LANG TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DaySittle Phone &			