

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 NOV 14 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000115433

1. Corporation Name

**CANALES CABINET, INC.**

2. Principal Office Address - No P.O. Box #  
3120 Pembroke Road

3. Mailing Office Address  
3120 Pembroke Road

Suite, Apt. #, etc.  
Bay 209

Suite, Apt. #, etc.  
Bay 209

City & State  
Hallandale, Florida

City & State  
Hallandale, Florida

Zip  
33009

Country

Zip  
33009

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida 08/15/2005

5. FEI Number

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  
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1840 Southwest 22nd Street

Suite, Apt. #, Etc.  
4th Floor

City  
Miami

State  
FL

Zip Code  
33145

☒ 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.

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.

SPIEGEL & UTRERA, P.A.

Signature of  
Registered Agent By: *Natalia Utrera*

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date 11/13/07

**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
D	Canales, Ignacio	3120 Pembroke Pine Rd., Bay 209	Hallandale, Florida 33009

700112473877  
11/21/07 01007 009 \*\*\*300.00

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

Date

Daytime Phone #

<b>SPIEGEL &amp; UTRERA, P.A.</b> <small>(Requestor's Name)</small>	
<b>1840 SOUTHWEST 22 STREET, 4TH FLOOR</b>	
<b>MIAMI, FL 33145 - (305) 854-6000</b>	

**CORPORATION NAME(S) & DOCUMENT NUMBER(S)**  
(if known):

OFFICE USE ONLY

1.	<b>CANALES CABINET, INC.</b> <small>(Corporation Name)</small>	<b>P05000115433</b> <small>(Document #)</small>
2.	<small>(Corporation Name)</small>	<small>(Document #)</small>
3.	<small>(Corporation Name)</small>	<small>(Document #)</small>
4.	<small>(Corporation Name)</small>	<small>(Document #)</small>

☐ Walk-In   
 ☐ Pick up time \_\_\_\_\_   
 ☐ Certified Copy  
☐ Mail out   
 ☒ Will wait   
 ☐ Photocopy   
 ☐ Certificate of Status

**RECEIVED**  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 2007 NOV 14 AM 11:25  
 10 AM NOV 14 2007  
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 SUFFICIENCY OF FILING

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
✓	Reinstatement
	Trademark
	Other

Examiner's Initials	
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