

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000131001

FILED
Dec 13, 2006
Secretary of State

Entity Name: M & B CABINET INSTALLATION, INC.

Current Principal Place of Business:

305 CLARMONT DRIVE
KISSIMMEE, FL 34759

New Principal Place of Business:

5359 DAHLIAH RESERVES DR.
KISSIMMEE, FL 34758

Current Mailing Address:

305 CLARMONT DRIVE
KISSIMMEE, FL 34759

New Mailing Address:

5359 DAHLIAH RESERVES DR.
KISSIMMEE, FL 34758

FEI Number: 20-3531235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

M & B CABINET INSTALATION
5359 DAHLIAH RESERVES DR.
KISSIMMEE, FL 34758 US

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.

SIGNATURE: MANUEL LAZO

12/13/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAZO, MANUEL
Address: 305 CLARMONT DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: VSTD () Delete
Name: LAZO, MICAELA
Address: 305 CLARMONT DRIVE
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAZO, MANUEL
Address: 5359 DAHLIAH RESERVES DR.
City-St-Zip: KISSIMMEE, FL 34758

Title: VSTD (X) Change () Addition
Name: LAZO, MICAELA
Address: 5359 DAHLIAH RESERVES DR.
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL LAZO

PD

12/13/2006

Electronic Signature of Signing Officer or Director

Date