

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 DEC 14 PM 2:44

DOCUMENT # P06000140801

1. Corporation Name

Ache Kitchen Cabinets, INC.

300163568153
12/14/09--01002--006 **300.00

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #

5537 W 27 AVE

3. Mailing Office Address

P.O. Box 171433

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIACLEAH FL

City & State

MIAMI FL

Zip

Country

33016 USA.

Zip

Country

33017 USA.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

205882220

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

Pavel Amador

Street Address (P.O. Box Number is Not Acceptable)

5537 W 27 AVE

Suite, Apt. #, Etc.

City

HIACLEAH

State

FL

Zip Code

33016

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.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-11-09

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
P	Gabriella Zapata	5537 W 27 AVE	Hiacleah FL 33016
VP	PAVEL AMADOR	5537 W 27 AVE	Hiacleah FL 33016
D	Yesenia Ruiz	5537 W 27 AVE	Hiacleah FL 33016

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

[Signature]

Date

12/11/09

Daytime Phone #