


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 PH 2: 35

DOCUMENT # P95000053898

1. Corporation Name
Imperial Cabinets & Millwork, Inc.

REINSTATEMENT 02-05

600058349286
08/08/05--01063--010 **600.00

2. Principal Office Address 640 West Valencia Street		3. Mailing Office Address P. O. Box 92105	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33805	Country USA	Zip 33804-2105	Country USA

600058349286
08/08/05--01063--011 **8.75

4. Date Incorporated or Qualified To Do Business in Florida 7/10/1995

5. FEI Number 65-0673346	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Leroy Goodman, Jr.

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

Suite, Apt. #, Etc.

City
Lakeland

State FL **Zip Code** 33805

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 Leroy Goodman, Jr. **Date** 8/2/2005

REGISTERED AGENT MUST SIGN

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	Leroy Goodman, Jr.	640 West Valencia Street	Lakeland, FL 33805
V.P.	Sylvia Bowick	640 West Valencia Street	Lakeland, FL 33805
S	Leroy Goodman, Jr.	640 West Valencia Street	Lakeland, FL 33805
F	Sylvia Bowick	640 West Valencia Street	Lakeland, FL 33805

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 under section 119.07(3)(i), 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: Leroy Goodman, Jr. **Date** 8/2/05 **Daytime Phone #** (813) 686-9163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/05)

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**Imperial Cabinets & Millwork, Inc.
P. O. Box 92105
Lakeland, FL 33804
(863) 686-9163**

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Re: Document # P95000053898
Imperial Cabinets & Millwork, Inc.

As a follow-up to my conversation with "Barbara", please find enclosed the following:

\$600.00 (check) for Corporation Reinstatement
\$ 8.75 to request a "Certificate of Status"

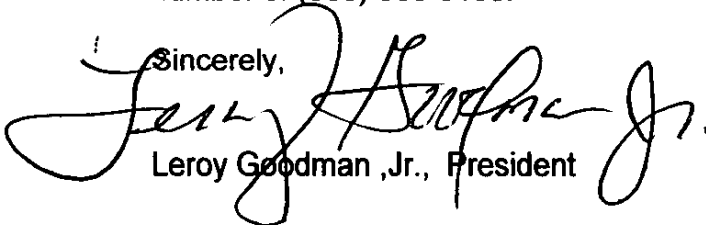
My corporation went inactive in 2002, because I did not receive the form for the Annual Report. For this reason, I request that you please waive the late fees and penalties, and that you accept my reinstatement fee of \$600.00.

I also request that you send me a Certificate of Status.

Please note changes have been made to the office of Treasurer and Secretary. I request that these changes be updated at the time of the reinstatement.

If you have any questions, please feel free to contact me at my office telephone number of (863) 686-9163.

Sincerely,


Leroy Goodman, Jr., President