## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000074986

Entity Name: MASTER KITCHEN CABINETS, INC.

FILED May 05, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

10012 NE 80 AVE 9910 NW 80 AVE UNIT 2N HIALEAH GARDENS, FL 33016 HIALEAH GARDENS, FL 33016

**Current Mailing Address: New Mailing Address:** 

10012 NE 80 AVE 9910 NW 80 AVE UNIT 2N HIALEAH GARDENS, FL 33016 HIALEAH GARDENS, FL 33016

FEI Number: 65-0612003 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOSA, OSCAR M SOSA, OSCAR M 7211 WEST 24 AVE. #2282 9910 NW 80 AVE UNIT 2N HIALEAH, FL 33016 HIALEAH, FL 33016

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: OSCAR SOSA 05/05/2009

> 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:

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete SOSA, OSCAR M SOSA, OSCAR M Name: Name: 13968 NW 88 PL 7211 W. 24 AVE., #2282 Address: Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: MIAMI LAKES, FL 33018

( ) Delete Title: STD Title: STD (X) Change ( ) Addition

Name: OSORIO, ANGELA V Name: OSORIO, ANGELA V 7211 W. 24 AVE., #2282 Address: 13968 NW 88 PL Address: HIALEAH, FL 33016 MIAMI LAKES, FL 33018 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: OSCAR SOSA 05/05/2009