


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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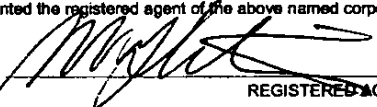

NEW YORK, NY

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000007151			
1. Corporation Name The Closet Wizzard Inc.			
2. Principal Office Address 1395 NW 17th Ave.		3. Mailing Office Address 1395 NW 17th Ave.	
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc. Suite 105	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33445	Country USA	Zip 33445	Country USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida January 23, 1996	
5. FEI Number 59-3358387	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Matthew Goldstein		
Street Address (P.O. Box Number is Not Acceptable) 12737 Maypan Drive		
Suite, Apt. #, Etc.		
City Boca Raton	State FL	Zip Code 33428

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 		Date August 25, 2006.	
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	Matthew I Goldstein	12737 Maypan Drive	Boca Raton, FL 33428
S/T	Eileen J Goldstein	12737 Maypan Drive	Boca Raton, FL 33428
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:  M. Goldstein, President.		August 25, 2006	516-265-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

0007 0 8 0206 B. Mitchell



THE CLOSET WIZZARD, INC.

"WE WORK MAGIC WITH YOUR CLOSETS"
GARAGE, HOME OFFICE, & ELEGANT BUILT-INS TOO!

2082

August 25, 2006.

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

Re: Doc# P96000007151 FEI# 59-3358387

To whom it concerns,

We are writing to request the waiver of the reinstatement fee because we did not receive the annual report notices in the year of dissolution. We had moved our business location in 2004, and apparently the notices were never forwarded. We did have a forwarding mail order in effect with the post office, however this apparently did not help. I suspect the new tenant at our old address just discarded the mail when the forwarding mail order had expired.

I have enclosed a check for \$450.00 for the Annual report fee & and the Corporate Supplemental Fee for the three years since dissolution; 2004,2005,2006. $[(61.25 + 88.75) \times (3)] = \450.00

Trusting this is satisfactory, we are awaiting our reinstatement. Should you have any questions please contact me @ 561-265-0075 during business hours.

Sincerely,

CLOSET WIZZARD INC.



Matthew Goldstein, B.B.A.
President