


2005 FOR PROFIT CORPORATION REINSTATEMENT

1072

DOCUMENT # P98000065752		
1. Entity Name CABINET ART, INC.		

FILED

05 MAR 17 PM 12:43

SECRETARY - STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

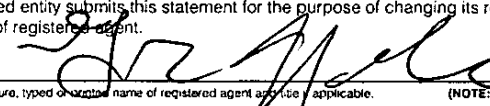
Principal Place of Business 10860 S.W. 188TH STREET MIAMI, FL 33157	Mailing Address 10860 S.W. 188TH STREET MIAMI, FL 33157
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0850271	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLLANDER, MARK J 11410 N. KENDALL DRIVE., STE 207 MIAMI, FL 33176	7. Name and Address of New Registered Agent Name: JERRY MAHAN Street Address (P.O. Box Number is Not Acceptable): 10860 SW 188TH ST City: MIAMI, FL Zip Code: 33176
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 3-17-05

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHAN, JERRY 10860 S.W. 188TH STREET MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200050217512 04/08/05--01005--020 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
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SIGNATURE: 	DATE: 3-17-05	Daytime Phone #
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2 of 2

HOLLANDER & ASSOCIATES, INC.

**11410 North Kendall Drive, Suite 207
Miami, Florida 33176
Tel (305) 275-2557
Fax (305) 275-2588**

March 14, 2005

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

Ref: Cabinet Art, Inc.

To Whom It May Concern:

This letter is in reference to Cabinet Art, Inc. We contacted the division last week to discuss the fact that we did not receive our annual report from the Florida Department of State. Enclosed please find a reinstatement and a check for \$ 300.00 for fees for 2004 & 2005.

Should you have any questions, please feel free to contact me at your convenience.

Very truly yours,


Mark J. Hollander