

2004 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000156303

1. Entity Name
A.P. KITCHEN CABINETS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 NOV -1 PM 1:22

Principal Place of Business
2800 EAST TAMARIND AVE.
WEST PALM BEACH, FL 33407

Mailing Address
2800 EAST TAMARIND AVE.
WEST PALM BEACH, FL 33407

REINSTATEMENT *04*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272004 REIN-P CR2E098 (6/04)

4. FEI Number

06-1719451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROL, ALEX
2800 EAST TAMARIND AVE.
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PROL, ALEX
STREET ADDRESS 1735 SHOWER TREE WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D ☐ Delete
NAME PROL, MARIA A
STREET ADDRESS 1735 SHOWER TREE WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300042355913
STREET ADDRESS 11/01/04--01061--013 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/04

Date

(561) 840-9987

Daytime Phone #

10/27/04

October 27, 2004

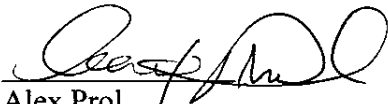
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: A.P. Kitchen Cabinets, Inc.
P03000156303
Reinstatement

To Whom It May Concern:

Enclosed find check for \$150.00 to pay for the 2004 Annual Report. We never received the original notice. This was the first notice that we received.

Sincerely,


Alex Prol