

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000049085 (2)

1. Corporation Name
Cabinets By Lucas Inc.

Principal Place of Business Mailing Address
1775 SW Biltmore Street
Port St. Lucie, Florida 34984 same

If above addresses are incorrect in any way, file through incorrect information and enter correct on below

2. New Principal Office Address, If Applicable
500 Farmers Market Road
Suite, Apt. #, etc. #17
City & State Fort Pierce Florida
Zip 34982 Country st Lucie

3. New Mailing Office Address, If Applicable
same
Suite, Apt. #, etc.
City & State
same
Zip
same Country

4. Date Incorporated or Qualified To Do Business in Florida
07/14/1993

5. FEI Number

6. 0-04-24650

Applied For
Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Lucas, Herbert	148 NE Naranja Avenue	Port St. Lucie, FL 34983
VP	Lucas, Marianne	148 NE Naranja Avenue	Port St. Lucie, FL 34983

800002853058--4
-04/27/99--01044--003
***1200.00 ***1200.00
800002853058--4
-04/27/99--01044--010
*****8.75 *****8.75

REINSTATEMENT 96-98

8. Name and Address of Current Registered Agent

Eva N. Katus
14214 Vista Del Lago Blvd
Winter Garden Florida 34787

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Eva N. Katus*
REGISTERED AGENT MUST SIGN

Date 3/12/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax)

12. 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)(g), 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: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TLL APR 22 1999
3/18/99 5614608719
Date Daytime Phone #

CR2E08117 99