

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 20 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S62061

1. Corporation Name

SEASIDE CABINETRY INC

2. Principal Office Address

14239 US HIGHWAY ONE

Suite, Apt. #, etc.

3. Mailing Office Address

14239 US HIGHWAY ONE

Suite, Apt. #, etc.

City & State

JUNO BEACH FL

Zip

33408

Country

PALM BEACH

City & State

JUNO BEACH FL

Zip

33408

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/91

5. FEI Number

65-0275768

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

SEDITO, THOMAS J.

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

14239 US HIGHWAY ONE

Suite, Apt. #, Etc.

900003117729-9

-02/01/00-01038-010

***1050.00 ***1050.00

City

JUNO BEACH

State

FL

Zip Code

33408

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

Thomas J. Sedito

REGISTERED AGENT MUST SIGN

Date

1/14/00

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	SEDITO, THOMAS J.	3411 INLET COURT	TEQUESTA FL 33469-2336

REINSTATEMENT 98-001 TS

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 under section 119.07(3)(i), 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:

Thomas J. Sedito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/00

561-627-4996

Daytime Phone #