

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 25 AM 8:01

DOCUMENT # **189580**

1. Corporation Name

GEM CABINET COMPANY

Principal Place of Business

Mailing Address

10087 CANOE BROOK CIR
BOCA RATON FL 33498

10087 CANOE BROOK CIR
BOCA RATON FL 33498



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1955

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1031242

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	RUBIN, LINA	10087 CANOE BROOK CIRCLE	BOCA RATON FL 33498
PSD	ABRAMS, AUDREY	10411 CANOE BROOK CIR.	BOCA RATON FL 33498
VD	MICHAEL RUBIN	10087 CANOE BROOK CIR 10865 SW. 136 TERR.	BOCA RATON FL 33498 MIAMI FL. 33498
VA	JOE RUBIN	10087 CANOE BROOK CIR	BOCA RATON FL 33498
			000008578880 10/24/02--01106--002 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABRAMS, AUDREY
10411 CANOE BROOK CIR
BOCA RATON FL 33498

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR20040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Audrey Abrams
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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:

Audrey Abrams
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02

561-251-1584

10/22/02

2

to whom it may concern,

this packet (notice of dissolution)
is the first notice I have received.
I did not receive the two prior
uniform business reports.

I have enclosed a check
for \$150. (+\$8.75 for certificate of
status)

Thank you,
Quodrey Abrams
president

gem cabinet company