2003 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| DOCUMENT # 243556 1. Entity Name CREST CABINET-MANUFACTURING CORP. | | | | FILED 03 OCT 21 AM IO: 14 | |
|--|---|--|---|---|--|
| Principal Place of Business 12490 49TH ST. CLEARWATER FL 33762 | | Mailing Address 12490 49TH ST. CLEARWATER FL 33762 | : | TALLAHASSEE, FLORIDA | |
| | Place of Business | 3. Mailing Address Suite, Apt. #, etc. | | T (SECTION THEST BIRDED STAND | |
| Suite, Apt. #. etc. City & State | | City & State | | 4. FEI Number 59-0914917 Applied For | |
| Zip : Country | | Zip | Country | Not Applicat | |
| | 6. Name and Address of Currer | t Double and Agent | | 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent | |
| 12490 49 | IN, RONALD S TH ST NORTH ATER FL 33762 | n Hegistered Agent | Name Street Addr | ress (P.O. Box Number is Not Acceptable) Zip Code | |
| the obligat | named entity submits this statement ions or registered agent. Signature, typed or printed name of registered age | | registered office or reg | gistered agent, or both, in the State of Florida. I am familiar with, and accep | |
| After Ser | ILE NOW (11 EEE IS \$550.00 bleriber 10 2083 Ree Will be \$75 Pâyadie (c)Flatide Repartaien | 0.00 i | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | |
| 10. | OFFICERS AN | . | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-7/P | WEISSMAN, RONALD S 12490 49TH ST. NO. CLEARWATER FL 33762 | □ Delete | NAME STREET ADDRESS CITY-ST-ZIP | 600023963356 10/21/0301031019 **550.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEISSMAN, JAYNE R 12490 49TH ST. NO. CLEARWATER FL 33762 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | ☐ Dolete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Additio | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | . Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | |
| 12. I hereby of indicated of the corporated changed. | | this filing does not qualify for frue and accurate and that m sowered to execute this report a with all other like empowered. | the exemption stated it y signature shall have as required by Chapter | in Section 119.07(3)(i). Florida Statutes. I further cartify that the information the same legal effect as if made under oath, that I am an officer of director or 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in 19/9/9/3 737/572 - 5590 | |



12490 49th STREET NORTH . CLEARWATER, FLORIDA 33762

(727) 572-5590 • FAX (727) 572-4775 October 9, 2003

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

> Re: Document #243556 FEI # 59-0914917

To Whom It May Concern:

Crest Cabinet Manufacturing Corp. filed the 2003 Uniform Business Report on September 9, 2003, the check number issued was #9039 in the amount of \$550.00. The report and the check were mailed in the envelope that was provided.

Crest Cabinet Manufacturing Corp. Received an "Notice of Administrative Dissolution or Revocation on today's date.

After checking the bank statement and calling the bank to see if the check had cleared, in which it had not I called the number (850) 245-6059 and spoke to Mr. Steve Friend. He advised that I send the following.

- 1). New check for \$550.00
- 2). Copy of the return
- 3). Letter of explanation
 I've also included a copy of the check journal

If you have any further questions, I can be reached at the above telephone number and/or address.

Sincerely,

Donna Hines Office Manager

enclosures