

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -9 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01060003669

1. Corporation Name S G Cabinetry INC.

2. Principal Office Address
128 Krieger Rd

Suite, Apt. #, etc.

3. Mailing Office Address
(same) 128 Krieger Rd

Suite, Apt. #, etc.

City & State
SANFORD FL

City & State
SANFORD FL

Zip Country
32773 Seminole

Zip Country
32773 Seminole

REINSTATEMENT CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
341876872

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Eva Golec

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

Suite, Apt. #, Etc.

City
SANFORD

State Zip Code
FL 32773

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 Eva Golec

Date 11-7-06

REGISTERED AGENT MUST SIGN

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

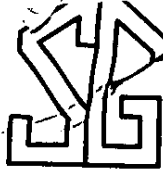
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Scott Golec	128 Krieger Rd	SANFORD FL 32773
V.P.	Eva Golec	128 Krieger Rd.	SANFORD FL 32773

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 contained in Chapter 119, 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: Eva Golec Eva Golec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-06 321-377-0312
Date Daytime Phone #

NOV 14 2006



SG Incorporated
CABINETRY AND TRIM

2/2

128 KRIDER RD. SANFORD FL. 32773

FAX (407) 688-9262 PHONE (321) 377-0312

FAX COVER SHEET

DATE: 11-7-06

PHONE:

FAX:

COMPANY:

Dept. of Stat

TO:

NUMBER OF PAGES INCLUDING COVER :

REGARDING :

Reinstatement

*Please Waive the late fee, I did not receive
a notice of reinstatement for 2000.*

*Thank You
Eva Goloc*