

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F02000003906

Entity Name: LEGACY CABINETS, INC.

**FILED**  
**Mar 04, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

100 LEGACY BLVD  
EASTABOGA, AL 36260

**New Principal Place of Business:**

285 LEGACY BLVD  
EASTABOGA, AL 36260

**Current Mailing Address:**

100 LEGACY BLVD  
EASTABOGA, AL 36260

**New Mailing Address:**

285 LEGACY BLVD  
EASTABOGA, AL 36260

FEI Number: 63-1112070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CT CORPORATION  
1200 SOUTH PINE ISLAND  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CT CORPORATION

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CFO  
Name: NICHOLSON, CARL  
Address: 285 LEGACY BLVD  
City-St-Zip: EASTABOGA, AL 36260 US

Title: DIR  
Name: PERRY, ED  
Address: 285 LEGACY BOULEVARD  
City-St-Zip: EASTABOGA, AL 36260 US

Title: PRES  
Name: SUGGS, RODNEY  
Address: 285 LEGACY BLVD  
City-St-Zip: EASTABOGA, AL 36260 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARL NICHOLSON

CFO

03/04/2013

Electronic Signature of Signing Officer or Director

Date