FILED

15 MAR 18 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

2012-2015

CR2E081 (11/10)

DOCUMENT # F10000004375

1. Corporation Name
Trimaran Cabinet Corp.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3020 Denmark Ave.	3020 Denmark Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste. 100	Ste. 100
City & State	City & State
Eagan MN	Eagan MN
Zip / County	Zip / County
55121 / USA	55121 / USA

4. Date Incorporated or Qualified To Do Business In Florida
09/29/2010

5. FEI Number
200245691
Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $30.00 Additional Fee required for Certified Copy or Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 Pine Island Rd.

Suite, Apt. #, etc.

City / State / Zip Code
Plantation / FL / 33324

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 Connie Bauer Connie Bauer Date 3/18/15
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
CEO	MARK BULLER	1950 SPRINGFIELD RD WINNIPEG, MB, CANADA	R2C 2Z2
CFO	LEIGH GINTER	3020 DENMARK AVE	EAGAN, MN 55121

10. E-mail Address: eric.tanquist@norcraftcompanies.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 3/5/15 651-234-3300
SIGNATURE AND TITLE OR NATURE OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAR 18 2015
M. WILLIAMS

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
TRIMARAN CABINET CORP.

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