

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F95000005572

Entity Name: TRU-WOOD CABINETS, INC.

FILED  
Oct 05, 2009  
Secretary of State

## Current Principal Place of Business:

950 CHARLES STREET  
UNIT 100  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

950 CHARLES STREET  
UNIT 100  
LONGWOOD, FL 32750 US

## New Mailing Address:

FEI Number: 63-1033108      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARPE, BUDDY W  
950 CHARLES ST  
LONGWOOD, FL 32750 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: BUDDY W SHARPE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCV ( ) Delete  
Name: SHARPE, BUDDY W  
Address: 108 FOREST POINT LN  
City-St-Zip: LONGWOOD, FL 32779

Title: DP ( ) Delete  
Name: RUSH, DAVID  
Address: RT 1 BOX 216  
City-St-Zip: CRAGFORD, AL 36255

Title: ST ( ) Delete  
Name: BARRETT, DONNA  
Address: 200 BARRETT DRIVE  
City-St-Zip: CRAGFORD, AL 36255

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCV (X) Change ( ) Addition  
Name: SHARPE, BUDDY W  
Address: 901 MARKHAM WOODS ROAD  
City-St-Zip: LONGWOOD, FL 32779

Title: DP (X) Change ( ) Addition  
Name: RUSH, DAVID  
Address: 1911 SPRING ROAD  
City-St-Zip: CRAGFORD, AL 36255

Title: ST (X) Change ( ) Addition  
Name: BARRETT, DONNA  
Address: 242 BARRETT DRIVE  
City-St-Zip: CRAGFORD, AL 36255

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONNA BARRETT

ST

10/05/2009

Electronic Signature of Signing Officer or Director

Date