

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1438093

1. Corporation Name

Cupboards, Inc.

2. Principal Office Address

915 S.E. 14th PLACE

Suite, Apt. #, etc.

Suite 16

City & State

Cape Coral, Florida

Zip

33990

Country

USA

3. Mailing Office Address

55 DAVIS Court

Suite, Apt. #, etc.

City & State

Hiram, Georgia

Zip

30141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/85

5. FEI Number

59-2476-125

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

Doug Hawat

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

915 S.E. 14th PLACE

Suite, Apt. #, Etc.

Suite 16

City

Cape Coral

600009522956

12/16/02--01044--028 **458.75

600009522956

01/17/03--01020--003 **150.00

State

FL

Zip Code

33990

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

X

Doug Hawat

REGISTERED AGENT MUST SIGN

Date X 1-13-03

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
P VP T	Douglas M Hawat	55 DAVIS COURT	Hiram, GA 30141

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 12/10/02

Date

X 770-505-1776

Daytime Phone #

CR2E081 (9/01)