


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 NOV -3 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H87273		
1. Entity Name INDUSTRIAL CABINETS, INC.		

Principal Place of Business 1806-C SOUTH COMBEE ROAD LAKELAND, FL 33801	Mailing Address 1806-C SOUTH COMBEE ROAD LAKELAND, FL 33801
-------------------------------------------------------------------------------	-------------------------------------------------------------------

2. Principal Place of Business 1810 S. COMBEE ROAD Suite, Apt. #, etc.	3. Mailing Address 1810 S. COMBEE ROAD Suite, Apt. #, etc.
------------------------------------------------------------------------------	------------------------------------------------------------------

City & State LAKELAND FL	City & State LAKELAND FL
Zip 33801	Zip 33801
Country	Country

10252004 REINSTATEMENT 2004

4. FEI Number
59-2620067

Applied For
Not Applicable

6. Name and Address of Current Registered Agent SIGMON, DENNY J 1810 S COMBEE RD LAKELAND, FL 33801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SIGMON, DENNY J 1810 S COMBEE RD LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300042438013 11/03/04--01039--019 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SIGMON, MYRTLE K 4607 N. ACORN DR. LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denny J. Sigmon 11/4/04 863 665 5157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR