

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10f2

APPLICATION FOR REINSTATEMENT
01-98-113
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

98 JUN 17 PM 2:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **K110041**

1. Corporation Name

KITCHEN KABINETS & KOUNTERS, INC.

Principal Place of Business

Mailing Address

**1958 Trade Center Way
 Naples, FL 34109**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

January 1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2882547

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.	Gary L. Stevens	#C202 1442 Wildwood Lakes Blvd.	Naples, FL 34104
V.P.	Jeffery B. Stevens	850 31st St. S.W.	Naples, FL 34117

800002570108--9
-06/23/98--01090--007
******323.75 ****323.75**

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Gary L. Stevens
 1442 Wildwood Lakes Blvd. #C202
 Naples, FL 34104**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten signature]
 REGISTERED AGENT MUST SIGN

Date **June 15, 1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

[Handwritten signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15, 1998

Date

(941) 592-7070

Daytime Phone

CR2040 (1/98)

2d2



June 15, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: REINSTATEMENT / 59-2882547

Dear Sir or Madam:

This letter is a sincere request to waive the reinstatement fees for 1997. We did not receive our corporate application from your office for the 1997 or 1998.

In responding to a telephone call from your office, we found that you had our old address on file, and the address on Trade Center Way had the incorrect zip code. We have been at this location for over two and one half years, therefore, the Post Office no longer forwards any mail.

We would never intentionally avoid this fee. Please make the necessary changes in our address and telephone number to alleviate any future problems.

**Kitchen Cabinets & Kounters, Inc.
1958 Trade Center Way
Naples, FL 34109
(941)592-7070**

I would like to thank you for your time in considering my request to waive the charges.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary L. Stevens".

Gary L. Stevens
President