

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

inf 7



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 03, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **L04320**

1. Corporation Name

**SOUTHERN CUSTOM CABINETS, INC.**

Principal Place of Business

**3004 KANANWOOD CT  
STE #100  
OVIEDO FL 32765  
US**

Mailing Address

**3004 KANANWOOD CT  
STE #100  
OVIEDO FL 32765  
US**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**07/24/1989**

5. FEI Number

**59-2960495**

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>PVPST</del>	<b>IRWIN, KEVIN S.</b>	<del>332 GRAHAM AVE</del> <b>361 E. FIFTH ST</b>	<del>OVIEDO FL 32765</del> <b>CHULWOTA, FL 32766</b>
<del>VPST</del>	<del>IRWIN, BETH ANN</del>	<del>332 GRAHAM AVE</del>	<del>OVIEDO FL 32765</del>

8. Name and Address of Current Registered Agent

**IRWIN, BETH ANN  
332 GRAHAM DR  
ORLANDO FL 32765**

9. Name and Address of New Registered Agent

Name

**IRWIN, KEVIN S.**

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

**361 E. FIFTH STREET**

Suite, Apt. #, Etc.

City

**CHULWOTA**

State

**FL**

Zip Code

**32766**

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. or 617.0505, F.S.

Signature of Registered Agent

*Kevin S. Irwin*

REGISTERED AGENT MUST SIGN

Date **JAN 30 2003**

11. 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:

*Kevin S. Irwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 30 2003**

Date

(407)  
**359-3132**  
Daytime Phone #

CR2040 (8/02)

2012

JAN 30 2003

TO WHOM IT MAY CONCERN -

THIS LETTER IS TO INFORM  
YOU THAT THE VBR FOR 2002  
WAS NEVER RECEIVED BY US. PER  
SHAWN, AT EXTENSION 850-245-6989,  
I AM ENCLOSING A CHECK FOR \$300.00,  
\$150.00 FOR 2002 AND \$150.00 FOR 2003.  
PLEASE NOTE CHANGES TO FORM. THANK  
YOU FOR YOUR ATTENTION IN THIS  
MATTER.

SINCERELY  
KIM  
KEVIN S. IRWIN