

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JAN 10 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 48712

1. Corporation Name

Cover - ALL Cabinets Inc.
W99-29110

Principal Place of Business

Mailing Address

439 A. Aulin Ave.
Oviedo, FL 32765

P.O. Box 620624
Oviedo, FL 32762

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

2/9/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2993556

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

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
Pres	Claude A. Adams	2349 FL Ave Oviedo	Oviedo FL 32765
V.P. Sec.	Carole A. Adams	2349 FL Ave.	Oviedo, FL 32765

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Claude A. Adams
2349 FL Ave.

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Oviedo FL 32765
P.O. Box 620624 Oviedo 32762

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

Date

11/5/99

REGISTERED AGENT MUST SIGN

11. This corporation owes 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 furnished 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

Claude A. Adams

Date

Daytime Phone #

11/5/99

407-366-8611