

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 22 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L65065**

1. Corporation Name

Wilson's CABINET SHOP, INC.

2. Principal Office Address

1705 CATTLEMEN RD
SARASOTA, FL

Suite, Apt. #, etc.

NG

City & State

SARASOTA, FLORIDA

Zip

34232

Country

SARASOTA

3. Mailing Office Address

1705 CATTLEMEN RD

Suite, Apt. #, etc.

NG

City & State

SARASOTA, FLORIDA

Zip

34232

Country

SARASOTA

REINSTATEMENT 96-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

JAN 1991

5. FEI Number

65-0190336

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

JILL S. KING

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

1705 CATTLEMEN RD

Suite, Apt. #, Etc.

NG

City

SARASOTA, FLORIDA

State

FL

Zip Code

34232

000004077899-6

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*****1500.00 ***1500.00**

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

Jill S. King

REGISTERED AGENT MUST SIGN

Date **7-24-00**

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
CHAIRMAN OF BOARD, PRESIDENT	JILL S. KING	1705 CATTLEMEN RD	34232 SARASOTA, FLORIDA

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:

Jill S. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-00

Date

(941) 366-3353

Daytime Phone #