APPROVED AND FILED

02 NOV 12 AM 11:32

SECRETARY OF STATE, TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # L65065

1. Corporation Name
WILSON CABINET SHOP, INC.

2. Principal Office Address	3. Mailing Office Address
1705 CATTLEMEN RD.	
Suite, Apt. #, etc. N6	Suite, Apt. #, etc. SAME
City & State SARASOTA, FLORIDA	City & State
Zip 34232 Country SARASOTA	Zip Country

800009084368
11/19/02--01069--015 **150.00

4. Date Incorporated or Qualified To Do Business in Florida 1971

5. FEI Number 65-0190336 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional required for certified copy of status

7. Name and Address of Current Registered Agent

Name JILL S KING

Street Address (P.O. Box Number is Not Acceptable) 1146 STOEBER AVE

Suite, Apt. #, Etc.

City SARASOTA, FL State FL Zip Code 34232

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 Date 11-8-02
REGISTERED AGENT MUST SIGN

CR2E051 (9/01)

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
PRES. CHMN OF BOARD	JILL S. KING	1146 STOEBER AVE.	SARASOTA, FL 34232

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 JILL S KING 11-8-02 941 366 3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 808376 7356150

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : November 11, 2002

ORDER TIME : 3:20 PM

ORDER NO. : 808376-005

CUSTOMER NO: 7356150

CUSTOMER: Mr. Robert L. King
Wilson Cabinet Shop, Inc.
1705 Cattleman Road
Sarasota, FL 34232

DOMESTIC FILINGS

NAME: WILSON'S CABINET SHOP, INC.

RECEIVED
02 NOV 12 AM 8:54
DIVISION OF CORPORATION

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS _____

See Attached, Clients letter

8083246

WILSON CABINET SHOP, INC.
d/b/a **THE CABINET MAN**
SINCE 1952
1705 Cattlemen Road
(Just south of Scott Paint)
Sarasota, Florida 34232
Phone(941) 366-3353

Date:
Name:
Address:
Directions:
Home
Office

Phone:

Price
Xtras
Tax
Total
Deposit
Ck.#
Due:
I understand payment is due in full when doors are installed. 1 year full guarantee extended time/parts/cost & labor.

Signature

KITCHEN

Cabinets

Counters/Back splash/Edges

Door styles/Colors

Handles/Knobs

Hinges

Special trims

Bath

PLEASE REINSTATE ABOVE CORPORATION — WE DID NOT RECEIVE ANY NOTICES REGARDING FILING OR REINSTATEMENT. WE ALL THOUGHT WE PAID THIS LAST YEAR.

WILSON CABINET SHOP, INC.
1705 CATTLEMEN RD
SARASOTA, FL 34232

ROBERT L. KING
Robert King, MGR.