

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -4 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000010994

1. Corporation Name

Everlast Cabinets, Inc.
5250 95th Street N.

2. Principal Office Address
5250 95th Street N.

Suite, Apt. #, etc.

Suite B, Unit 4-5

City & State

St. Petersburg, FL

Zip

33708

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-05

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/31/00

5. FEI Number
59-3621931

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
Scott T. Loden, CPA

Street Address (P.O. Box Number is Not Acceptable)
1626 38th Avenue N.

Suite, Apt. #, Etc.

City
St. Petersburg

State
FL

Zip Code
33713

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

Scott T. Loden CPA
REGISTERED AGENT MUST SIGN

Date 11/1/04

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
V,D,S	Samuel A. Alexander	10724 63rd Avenue	Seminole, FL 33772
P,D,T	William J. Alexander	5813 27th Avenue S	Gulfport, FL 33707

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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727)
2-1-05 319-8331

Date

Daytime Phone #

CR2001 (01/04)