

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 NOV -3 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000021020

1. Corporation Name

ATLANTIS CABINETS, INC.

[Handwritten Signature]

2. Principal Office Address

1091 SW 1ST WAY

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

BROWARD

3. Mailing Office Address

1091 SW 1ST WAY

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

BROWARD

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

02/29/2000

5. FEI Number

65-1035252

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

CHRISTOPHER CARDORETTE

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

1091 SW 1ST WAY

400024386264

11/03/03--01087--022 **90 .75

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

[Handwritten Signature]

Date 10-29-03

REGISTERED AGENT MUST SIGN

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
P	CHRISTOPHER CADORETTE	1091 SW 1ST WAY	DEERFIELD BEACH, FL 33441

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-03 954-914-4509

Daytime Phone #

CR2E081 (10/02)