

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 JUL 28 PH 4: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000026830

1. Corporation Name

Custom Cabinets By Rose INC

2. Principal Office Address

7005 E 14<sup>th</sup> Ave

3. Mailing Office Address

7005 E 14<sup>th</sup> Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33619

Country

U.S.

Zip

33619

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

3-9-2000

5. FEI Number

59-3646228

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

Mark C Fletcher

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

1016 Emerald Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

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

*Mark C Fletcher*

REGISTERED AGENT MUST SIGN

Date 7-15-05

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	Mark C Fletcher	1016 Emerald Dr	Brandon, FL 33511

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:

*Mark C Fletcher* Mark Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-05

Date

813-246-9188

Daytime Phone #

CR2E081 (01/05)

2/2

CUSTOM CABINETS BY ROSE INC.

7005 EAST 14<sup>TH</sup> AVENUE

TAMPA, FL. 33619


PHONE (813)246-9188 FAX (813)246-9226

JULY 25, 2005

To Whom It May Concern,

I do not understand why I am being charged with a \$400.00 late fee when my first notice of this matter was recd the first of July with a notice of intent to dissolve. I have never had this problem since the start of my business and hope that this does not become a regular issue. I have enclosed my normal charge with an additional \$8.75 for a certificate of status. I would appreciate a form mailed to me directly when these monies are due so this does not happen again. If there are any questions please call me at 813-246-9188. When I dial the number on letter number 205a00047773 I get a recording with no prompt to speak with anyone.

Thank You,

A handwritten signature in black ink, appearing to be 'Mark Fletcher', with a large, sweeping flourish extending to the right.

Mark Fletcher President