

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 OCT 29 AM 11:37

DOCUMENT # P00000073311

1. Corporation Name

THE CABINET SOURCE OF OKALOOSA COUNTY, INC.

Principal Place of Business

Mailing Address

~~348 LOUISE CIRCLE
DESTIN FL 32541~~

~~348 LOUISE CIRCLE
DESTIN FL 32541~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

150 Industrial Park rd
Suite 9

150 Industrial PK rd.
Suite 9

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/2000

5. FEI Number

593662812

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BANGAN, RODNEY L	348 LOUISE CIRCLE	DESTIN FL 32541
P	Bangan, Rodney L	150 Industrial PK rd Suite 9	Destin FL 32541
			800004689978--9
			-11/20/01--01080--016
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BANGAN, RODNEY L
~~348 LOUISE CIRCLE~~
~~DESTIN FL 32541~~

150 Industrial PK rd.
Suite 9
Destin FL 32541

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Rodney Bangan
REGISTERED AGENT MUST SIGN

Date 10-24-01

11. 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:

Rodney Bangan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-01

Date

850-837-8875

Daytime Phone #

CR2000 (801)

Florida Department of state.

I Rodney Bangar owner of
The Cabinet Source of okaloosa county inc.
did not get any notice or
• annual report / uniform business report.

please make sure you have current
Address.

I have inclosed check of \$150.00
for filling for.

Thank you

Rodney Bangar