

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013175

1. Corporation Name

SHAWN WATTS CABINETRY, INC.

Principal Place of Business

Mailing Address

~~1421 PARK LANE~~
~~WEST PALM BEACH FL 33417~~

~~1421 PARK LANE~~
~~WEST PALM BEACH FL 33417~~



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

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1084537

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WATTS, SHAWN	1421 PARK LANE 103 YACHT CLUB WAY #112	WEST PALM BEACH FL 33417 HYPOLEXO, FL. 33462

300008696663
10/30/02-01044-015-***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WATTS, SHAWN~~
~~1421 PARK LANE~~
~~WEST PALM BEACH FL 33417~~

Name

WATTS, SHAWN

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

103 YACHT CLUB WAY

Suite, Apt. #, Etc.

112

City

HYPOLEXO

State

FL

Zip Code

33462

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Shawn Watts REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

Shawn Watts REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02 561-662-6242

Date

Daytime Phone #

Additional Information

WAIVER OF LATE FEE

10/28/02

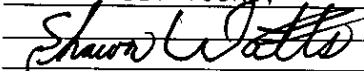
TO: FLORIDA DEPT. OF STATE, DIVISION OF CORPORATIONS

FROM: SHAWN WATTS

RE: 2002 UNIFORM BUSINESS REPORT (UBR) LATE FEE FOR SHAWN WATTS CABINETRY, INC.

DEAR SIR: I AM THE CURRENT REGISTERED AGENT FOR THE CORPORATION NAMED ABOVE. I HAVE NEVER RECEIVED THE TWO PRIOR UBR NOTICES, PROBABLY BECAUSE I MOVED EARLIER THIS YEAR TO THE ADDRESS INDICATED ON THE APPLICATION. I RESPECTFULLY REQUEST THE LATE FEE BE WAIVED. ENCLOSED FIND THE COMPLETED REPORT AND THE ORIGINAL \$150.00 FEE. I THANK YOU IN ADVANCE FOR YOUR CONSIDERATION AND COOPERATION IN THIS MATTER.

VERY TRULY YOURS,



SHAWN WATTS, PRESIDENT, AND REGISTERED AGENT