

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL -2 PM 12:44

DOCUMENT # P01000024244

1. Corporation Name

**Cabinet Refacers, Inc.**

**REINSTATEMENT**  
03-07

CR2E081 (1/07)

<b>2. Principal Office Address - No P.O. Box #</b> 8725 Treasure Island Rd.		<b>3. Mailing Office Address</b> -same-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Leesburg, FL		City & State	
Zip 34788	Country Lake	Zip	Country

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 02/01/01	
<b>5. FEI Number</b> 59-3704247	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>			
Name Paul D. Remington, II			
Street Address (P.O. Box Number is Not Acceptable) 8725 Treasure Island Rd.			
Suite, Apt. #, Etc.			
City Leesburg	State FL	Zip Code 34788	

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

4/28/07

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
D	Judy A. Remington	8725 Treasure Island Rd.	Leesburg, FL 34788
P/D	Paul D. Remington, II	8725 Treasure Island Rd.	Leesburg, FL 34788
S/T/D	Paul D. Remington, III	33940 Grant Ave.	Leesburg, FL 34788

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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 contained in Chapter 119, 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

Date

4/28/07

(352)259-6399

Daytime Phone #