

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 29 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029433

1 Corporation Name

AMERICAN CABINETRY of
FLORIDA INC.

2. Principal Office Address

525 N.W. 13th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

525 N.W. 13th AVE

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33486

Country

Palm Beach

Zip

33486

Country

Palm Beach

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

2001

5. FEI Number

65-1089110

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

MARIAN ALBINI

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

525 N.W. 13th AVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33486

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

M. Albin

REGISTERED AGENT MUST SIGN

Date

10/25/04

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
President	MARIAN ALBINI	525 N.W. 13 th AVE	BOCA RATON FL 33486
Secretary	CYNTHIA C. ALBINI	525 N.W. 13 th AVE	BOCA RATON FL 33486

200042241662
12/28/04--01039--021 **150.00

200042241662
10/27/04--01022--024 **908.75

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:

M. Albin MARIAN ALBINI PRESIDENT

Date

10/25/04

Daytime Phone #

CR2E031 (01/04)