PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 NOV -7 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 02WB01

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

400008866514
11/07/02--01049--018 **150.00

DOCUMENT # P01000041672

1. Corporation Name
M & M Cabinetry & Millwork Inc.

2. Principal Office Address	3. Mailing Office Address
2220 J&C Boulevard	2220 J&C Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34109 Country: United States	Zip: 34109 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 04/23/2001

5. FEI Number: 65-1124274 ☐ 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: Gregg Mueller

Street Address (P.O. Box Number is Not Acceptable): 2220 J&C Boulevard

Suite, Apt. #, Etc.:

City: Naples State: FL Zip Code: 34109

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: Gregg Mueller REGISTERED AGENT MUST SIGN Date: 11/01/02

CR2E081 (9/01)

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	Gregg Mueller	2220 J&C Boulevard	Naples, FL 34109
VP	Same		
Sec	Same		
Treas	Same		

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: Gregg Mueller 11/01/02 (239)566-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gregg Mueller

H. Michael Magruder, CPA

2770 South Horseshoe Drive, Suite # 1
Naples, FL 34104

Phone (941) 649-3272 Fax (941) 649-3273

November 1, 2002

Florida Dept of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: M&M Cabinetry & Millwork Inc.

Gentlemen,

Our client never received the first two uniform business report notices, and as such we request that the $600 reinstatement fee be waived.

Enclosed please find the Application for Reinstatement along with a check for $150 for the annual filing fee.

Thank you in advance for your cooperation.

Sincerely,

H. Michael Magruder, CPA

hmm/HMM
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