

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JUL -2 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042854

1. Corporation Name

ARTISTIC CABINETRY OF SARASOTA, INC.

Principal Place of Business

1723 NORTH DRIVE
SARASOTA FL 34239

Mailing Address

1723 NORTH DRIVE
SARASOTA FL 34239

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

2. New Principal Office Address, If Applicable

2233 Hillview St

Suite, Apt. #, etc.

Sarasota FL

City & State

Zip

34239

Country

USA

3. New Mailing Office Address, If Applicable

2233 Hillview St

Suite, Apt. #, etc.

Sarasota FL

City & State

Zip

34239

Country

USA

REINSTATEMENT 02-03
4. Date Incorporated or Qualified To Do Business in Florida 04/27/2001

5. FEI Number

65-1116020

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	KOEBLER, JEANE	1723 NORTH DRIVE	SARASOTA FL 34239

900021406649
07/09/03--01009--014 **350.00

8. Name and Address of Current Registered Agent

KOEBLER, JEANE
1723 NORTH DRIVE
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

Jeane Koebler

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

2233 Hillview Street

Suite, Apt. #, Etc.

Sarasota FL

City

Sarasota

State

FL

Zip Code

34239

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED
Jeane Koebler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-03

Date

941-373-0087

Daytime Phone #

CR2E040 (9/02)