

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 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052092

1. Corporation Name

CABINETRY & GLASS DESIGNS BY CARLEVALE, INC.

Principal Place of Business

9209 SHELLGROVE CT.
TAMPA FL 33615

Mailing Address

9209 SHELLGROVE CT.
TAMPA FL 33615

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/2001

5. FEI Number

59-3721272

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CARLEVALE, DONNA	9209 SHELLGROVE CT.	TAMPA FL 33615

000008708730
10/30/02-01115-007 **150.00

8. Name and Address of Current Registered Agent

CARLEVALE, DONNA
9209 SHELLGROVE CT.
TAMPA FL 33615

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc:

City

State
FL

Zip Code

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 10-22-2002

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-2002 263-4504

CR2E040 (8/02)

Cabinetry & Glass Designs by
Carlevale
9209 Shellgrove Court
Tampa, FL 33615
813-854-1539

October 22, 2002

Division of Corporations
Annual Report/Reinstatement
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Document #P01000052092

To Whom It May Concern

We are in receipt of your Certificate of Administrative Dissolution or Revocation.

We wish to be reinstated.

We did not receive the previously two UBR Forms that were sent. We were not aware until we received this Revocation that our status as a corporation had to be renewed yearly.

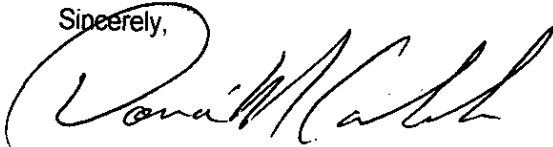
We did have initial problems receiving business mail at our home address. The problem has now been rectified.

Enclosed you will find our check for \$150.00 for reinstatement.

Your acceptance of this request would be greatly appreciated and in the future we will be on the lookout for this renewal document

Should you require any additional information, please feel free to contact us.

Sincerely,



Donna M. Carlevale
President