

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000055870

1. Corporation Name

Custom Cabinet Factory Inc.

2. Principal Office Address

642 W. Broad Street

3. Mailing Office Address

P.O. Box 120006

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Groveland Florida

City & State

Clermont Florida

Zip

34736

Country

Lake

Zip

34712

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

July 1, 2001

5. FEI Number

593729414

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

Anthony D. Willis

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

9611 Dr. Baker Road

Suite, Apt. #, Etc.

City

Groveland

State

FL

Zip Code

34736

900035764789
05/07/04--01079--005 **900.00

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

Anthony D. Willis

Date

4-30-04

REGISTERED AGENT MUST SIGN

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
P-S	Anthony D. Willis	9611 Dr. Baker Rd	Groveland, FL 34736
V-T	Bonny J Willis	9611 Dr. Baker Rd	Groveland FL 34736

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:

Anthony D. Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

Date

352-429-7722

Daytime Phone #

CR2E03 (01/04)