

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000073301

1. Corporation Name

PRO CABINETRY AND DISPLAY, INC.

Principal Place of Business

Mailing Address

1426-B SKEES ROAD
WEST PALM BEACH FL 33411

1426-B SKEES ROAD
WEST PALM BEACH FL 33411

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2001

5. FEI Number

59-3735091

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JACOBS, LOUIS G	104-D EAST VILLA CAPRI CIRCLE	DELAND FL 32724

600024024556
10/22/03--01069--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBS, LOUIS G
104-D EAST VILLA CAPRI CIRCLE
DELAND FL 32724

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

Louis G. Jacobs

REGISTERED AGENT MUST SIGN

Date

10/16/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS G. JACOBS
Louis G. Jacobs

Date

Daytime Phone #

10/16/03

CR2E040 (7/03)

PRO CABINETRY & DISPLAY, INC.

8100 Belvedere Road Suite 1
West Palm Beach, Fl. 33411
Office 561-798-0456
Fax 561-790-1457

October 16, 2003

Florida Department of State

Dear Sir or Madam:

On October 15, 2003 I received the notice of administrative dissolution of Pro Cabinetry and Display Inc. This was the first such document that I have received.

Last year in August 2002 the company relocated to our new address 8100 Belvedere Road Suite #1 West Palm Beach 33411. I am not involved in the everyday operation of P.C.D. This is not an excuse but I had understood this requirement had been met.

I am requesting to pay the normal fee required each year. It would be appreciated if you would consider these circumstances.

Sincerely,

Louis G. Jacobs
President

