

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000113967

FILED
Jul 12, 2012
Secretary of State

Entity Name: CABINET WORKS OF JACKSONVILLE, INC.

Current Principal Place of Business:

2650-3 ROSSELLE STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

4554 ST.AUGUSTINE ROAD
JACKSONVILLE, FL 32207

Current Mailing Address:

2650-3 ROSSELLE STREET
JACKSONVILLE, FL 32204

New Mailing Address:

4554 ST.AUGUSTINE ROAD
JACKSONVILLE, FL 32207

FEI Number: 59-3759790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, SAMUEL D
1801 E. WILLOW BRANCH LANE
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

LEE, SAMUEL D
111 FOXCRAFT STREET
SAINT AUGUSTINE, FL 32092 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAMUEL DAVID LEE

07/12/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STEWART, ANDREW J
Address: 12005 BRANAN FIELD ROAD
City-St-Zip: JACKSONVILLE, FL 32222

Title: VP
Name: LEE, SAMUEL D
Address: 111 FOXCRAFT STREET
City-St-Zip: ST.AUGUSTINE, FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL DAVID LEE

VP

07/12/2012

Electronic Signature of Signing Officer or Director

Date