

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

03 OCT 21 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000003375

1. Corporation Name

DOUBLETREE CABINETS, INC.

Principal Place of Business

Mailing Address

5290 CAMUS ST.  
SARASOTA FL 34232

5290 CAMUS ST.  
SARASOTA FL 34232

*Handwritten signature*



REINSTATEMENT 2003

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

47-0847997

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	GALLEGOS, SERGIO	5290 CAMUS ST.	SARASOTA FL 34232
VST	GALLEGOS, ANGELA N.C.	5290 CAMUS ST.	SARASOTA FL 34232

600023963436  
10/21/03--01030--024 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALLEGOS, ANGELA N.C.  
5290 CAMUS ST.  
SARASOTA FL 34232

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

*Angela Gallegos*  
REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

*Angela Gallegos* - ANGELA Gallegos 10/13/03 (941)232-4618  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12EQ40 (7/03)