

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 28 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000024583**

1. Corporation Name

IT'S A CABINET THING, INC.

Principal Place of Business

Mailing Address

16412 WHIPPORWILL LN
SHADY HILLS FL 34610

16412 WHIPPORWILL LN
SHADY HILLS FL 34610



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

REINSTATEMENT *03*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SUHADOLNIK, KEVIN	16412 WHIPPORWILL LN	SHADY HILLS FL 34610

000024188200
10/28/03 01013 011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUHADOLNIK, KEVIN
16412 WHIPPORWILL LN
SHADY HILLS FL 34610

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]
REGISTERED AGENT MUST SIGN

Date **10/23/03**

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] Kevin Suhadolnik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03

Daytime Phone #

CR2040 (7/03)

IT'S A CABINET THING, INC.

16412 Whippoorwill Lane
Shady Hills, FL 34610
(727) 857-1314

October 23, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: It's A Cabinet Thing, Inc.
No.: P02000024583

Dear Sir/Madam:

This letter is to advise that I did not receive the two prior uniform business reports and, therefore, would request that my corporation be reinstated.

Thank you for your anticipated cooperation in this matter.

Very truly yours,



KEVIN SUHADOLNIK
President/Owner