

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 14 PM 3:57

FLORIDA DEPARTMENT OF STATE  
ALACHUA COUNTY, FLORIDA

**DOCUMENT #**

1. Corporation Name

P02000064176

Mike & Mike's Custom Cabinets, Inc

2. Principal Office Address

1031 NW 182nd St

3. Mailing Office Address

1031 NW 182nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33169

Country

Miami Dade

Zip

33169

Country

Miami Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

06/10/2002

5. FEI Number

01-0710096

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-07**

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

MICHAEL CLARKE

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

1031 NW 182nd St

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33169

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

Michael Clarke

REGISTERED AGENT MUST SIGN

Date

01/08/2007

**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
Pres	Michael Clarke	1031 NW 182nd St	Miami, FL 33169
	<i>07/5/02</i>		

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 contained in Chapter 119, 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:

Michael Clarke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/2007

Date

305-904-2395

Daytime Phone #