

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 25 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-13-05 01/14 015 # 150.00



REINSTATEMENT

DOCUMENT # P03000032874

1. Entity Name
CABINET MASTERS OF SW FLORIDA, INC.



Principal Place of Business
1444 #7 MARKET CIRCLE
PORT CHARLOTTE, FL 33953

Mailing Address
1444 #7 MARKET CIRCLE
PORT CHARLOTTE, FL 33953

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
*02-0682959

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAZELWOOD, KEITH
1444 #7 MARKET CIRCLE
PORT CHARLOTTE, FL 33953

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 3-22-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HAZELWOOD, KEITH 1444 #7 MARKET CIRCLE PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAZELWOOD, JANET 1444 #7 MARKET CIRCLE PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400049905094 04/05/05--01055--002 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3-22-05 DAYTIME PHONE: 941-743-7202

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

292
RC Unger Accounting & Business Svs, Inc
411 Commercial Ct Ste D
Venice, FL 34292

January 18, 2005

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

RE: Annual Report Filing

Dear Sir or Madam:

The purpose of this letter is to request a waiver of penalties for our client, Cabinet Masters of SW Florida, Inc. The Annual Report postcard was never recieved by our client. Due to the active hurricane season, we had no way of knowing which clients had filed this report on time and/or who needed assistance. Many of our clients and local businesses lost power, telephone service and mail service. Many had days of no business or revenue.

Our client is back on track and came into the office as he didn't know how to reinstate his business; he doesn't have access to the Internet. We had asked him to please pay the \$150.00 the day of his visit and we mailed it from here.

His EIN# 02-0682959 is entered in box 4 per your request.

Thank-you for your assistance in this matter. Should you have any questions, please contact this office at (941) 484-8804.

Respectfully,

R.C. Unger Accounting

By  Judy, Ext. 15

703 0000 32874