

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000086002

Entity Name: GEW CABINETS, INC

FILED
Oct 16, 2006
Secretary of State

Current Principal Place of Business:

6130 IDLEWILD STR.
#4
FT MYERS, FL 33912

New Principal Place of Business:

6130 IDLEWILD STR.
#4
FT MYERS, FL 33966

Current Mailing Address:

6130 IDLEWILD STR.
#4
FT MYERS, FL 33912

New Mailing Address:

6130 IDLEWILD STR.
#4
FT MYERS, FL 33966

FEI Number: 59-2423696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, GARY E
6130 IDLEWILD STR.
#4
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

WIGGINS, GARY E
6130 IDLEWILD STR.
#4
FT MYERS, FL 33966 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: GARY E. WIGGINS

10/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WIGGINS, GARY
Address: 2709 SW SANTA BARBARA PL #2
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY E. WIGGINS

P

10/16/2006

Electronic Signature of Signing Officer or Director

Date