

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 AUG -3 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P030000 97559

**1. Corporation Name**

South Florida Kitchen & Bath Designs INC

**2. Principal Office Address - No P.O. Box #**

250 NE 3rd Ave

Suite, Apt. #, etc.

318

City & State

Delray Beach FL

Zip

33444

Country

USA

**3. Mailing Office Address**

250 NE 3rd Ave

Suite, Apt. #, etc.

318

City & State

Delray Beach FL

Zip

33444

Country

USA

REINSTATEMENT

07-09

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/2003

**5. FEI Number**

20-0233269

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Thomas Kinsloe

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

1109 Little Harbor Drive

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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08/05/09--01026--001 \*\*450.00

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 7-22-09

**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	Thomas Kinsloe	1109 Little Harbor Drive	Deerfield Beach FL 33441

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-09

Date

9545796223

Daytime Phone #

8/50