

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 8:57

DOCUMENT # P03000100747

1. Corporation Name

Appalachian Cabinets, Inc

2. Principal Office Address

10681 Royal Palm Blvd
Suite, Apt. #, etc.

City & State

Coral Springs

Zip

Country

FL

US

3. Mailing Office Address

10681 Royal Palm Blvd
Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

Country

33065

US

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/03

5. FEI Number

77-0611788

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

James Hansen

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

10681 Royal Palm Blvd

Suite, Apt. #, Etc.

900079940819

09/19/06--01017--021 ***450.00

City

Coral Springs

State

FL

Zip Code

33065

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

James Hansen

REGISTERED AGENT MUST SIGN

Date

9-11-06

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	James Hansen	10681 Royal Palm Blvd	Coral Springs / FL / 33065

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:

James Hansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-06

Date

954-275-6600

Daytime Phone #

APPALACHIAN CABINETS

10681 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065
PHONE: (954) 275-6600

September 11, 2006

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

Re: Corporation Reinstatement

To whom it may concern,

I wish to reinstate my corporation. I never received any of the annual report notices. I am enclosing a check in the amount of \$450.00 which will cover the annual report fee as well as the corporate supplemental fee for the 2004, 2005 and 2006 years. Please accept this as payment for reinstatement of my corporation.

Very truly yours,



James M Hansen

Enclosure: Corporation Reinstatement Application