## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000104157

Entity Name: CENTRAL FLORIDA CABINETS INC.

FILED Oct 24, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

401 INTERLAKE BLVD.

LAKE PLACID, FL 33852 US

121 COMMERCE AVENUE
LAKE PLACID, FL 33852 US

Current Mailing Address: New Mailing Address:

401 INTERLAKE BLVD. 121 COMMERCE AVENUE LAKE PLACID, FL 33852 US LAKE PLACID, FL 33852 US

FEI Number: 56-2396519 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KARLSON, PAMELA T
531 DEEN BLVD.
LAKE PLACID, FL 33852 US

KARLSON, PAMELA T
301 DAL HALL BOULEVARD
LAKE PLACID, FL 33852 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: PAMELA T KARLSON 10/24/2006

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 ( ).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 WOOD, JAMES E III
 Name:
 WOOD, JAMES E III

Name:WOOD, JAMES E IIIName:WOOD, JAMES E IIIAddress:308 WASHINGTON BLVDAddress:308 WASHINGTON BLVDCity-St-Zip:LAKE PLACID, FL 33852City-St-Zip:LAKE PLACID, FL 33852

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ESPILDORA, ROLANDO
 Name:

 Address:
 401 INTERLAKE BOULEVARD
 Address:

 City-St-Zip:
 LAKE PLACID, FL 33852
 City-St-Zip:

Title: SEC (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WOOD, JAMES E III
 Name:

 Address:
 308 WASHINGTON BOULEVARD
 Address:

 City-St-Zip:
 LAKE PLACID, FL 33852
 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: JAMES E WOOD III PD 10/24/2006