

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 MAR -9 PM 12:08

S. TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Cabinet Guys R US Inc

2. Principal Office Address

118 Creek Hollow Ln

Suite, Apt. #, etc.

3. Mailing Office Address

118 Creek Hollow Ln

Suite, Apt. #, etc.

City & State

Middleburg

Zip

32008

Country

Clay

City & State

Middleburg

Zip

32008

Country

Clay

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

2004

5. FEI Number

20-0390102

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

Dale M Nail

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

118 Creek Hollow Ln

Suite, Apt. #, Etc.

200069050512

03/30/06--01039--009 \*\*300.00

City

Middleburg

State  
FL

Zip Code

32008

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

Dale M Nail

Date 1/19/06

REGISTERED AGENT MUST SIGN

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	Dale M Nail	118 Creek Hollow Ln	Middleburg FL, 32008

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:

Dale M Nail

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/06 (904)237-2851

Daytime Phone #

To Whom it may Concern

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This letter is to ask for help.  
I was divorced last year and did  
not receive information about my renewal 2005  
form because my exwife did not give to  
me. I talked to Barbara at the DOC and  
she told me to write a letter asking for  
help and send \$300.00. If there is any  
thing else I need to do please contact me

Thank you  
Dabm Wal  
Cabinet Guys R US