2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000143055

1. Entity Name
STAVEY'S FINE WOODWORKING & CABINETRY, INC.

FILED
04 NOV -9 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2119 SOUTHLAND ROAD MOUNT DORA, FL 32757	2119 SOUTHLAND ROAD MOUNT DORA, FL 32757

11052004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
1467 Hilltop Drive Suite, Apt. #, etc.	1467 Hilltop Drive Suite, Apt. #, etc.
City & State: Mt Dora FL	City & State: Mt Dora FL
Zip: 32757 Country: Lake	Zip: 32757 Country: Lake

4. FEI Number 20-1840138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STAVEY, DANE 2119 SOUTHLAND ROAD MOUNT DORA, FL 32757	Name Street Address (P.O. Box Number is Not Acceptable): 1467 Hilltop Drive City: Mt Dora FL Zip Code: 32757

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STAVEY, DANE 2119 SOUTHLAND ROAD MOUNT DORA, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1467 Hilltop Drive Mt Dora, FL 32757
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500042606625 11/09/04--01069--021 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4/24/16
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR