2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 24 AM 9:15

B 11/24/08

REINSTATEMENT

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DOCUMENT # P03000148239

1. Entity Name
ALLEN CUSTOM CABINETS INC.

Principal Place of Business	Mailing Address
4440 ABBOTT ST. TITUSVILLE, FL 32780	4440 ABBOTT ST. TITUSVILLE, FL 32780

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2459 Chewey Hiwa	4440 ABBott AVE
Suite, Apt. #, etc. STAlls 39+40	Suite, Apt. #, etc.
City & State Titusville FL USA	City & State Titus ville FL
Zip 32780 / Country BREVARD	Zip 32780 / Country USA BREVARD

4. FEI Number	Applied For
52-2436750	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
ALLEN, DENNIS 4440 ABBOTT ~~ST~~. AVE. TITUSVILLE, FL 32780	Name Street Address (P.O. Box Number is Not Acceptable) 4440 ABBOTT AVE City FL Zip Code

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 [signature] - Dennis Scott Allen 11 5 08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2009, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALLEN, DENNIS 4440 ABBOTT ~~ST~~. AVE TITUSVILLE, FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500137835895 11/12/08--01003--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rebecca Allen 4440 ABBott AVE Titusville FL 32780 ☐ 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
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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 exemptions contained 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 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: [signature] - Dennis Scott Allen 11 5 08 3214274033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To Whom It May Concern;

I received a letter explaining my Co. was dissolved. I talked to a women on the phone and explained I did not receive any notice until the second one, the one to send in for the paper work to fill out an annual report. I never received that paper. The next notice I received was a dissolution notice, thats when I called and thought I had it straightened out.

The gerl I talked to, said she'll send me the paper work, all I had to do was to send it back with a letter saying I hadn't received the paper work and 150.00 check and it would be alright, my wife send the check and forgot the letter. I'm so sorry this happened but she didn't know. This also happened a few years ago because it went to and address with street instead of Ave. Thank You for understanding.

11-19-08

Pres. Respectfully; D. Allen