

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2008
Secretary of State

DOCUMENT# P04000005373

Entity Name: MAGNUM CABINETS, INC.

Current Principal Place of Business:

3114 SW 29TH AVENUE
CAPE CORAL, FL 33914 US

New Principal Place of Business:

1382 WHISKEY CREEK DRIVE
FORT MYERS, FL 33919 US

Current Mailing Address:

3114 SW 29TH AVENUE
CAPE CORAL, FL 33914 US

New Mailing Address:

1382 WHISKEY CREEK DRIVE
FORT MYERS, FL 33919 US

FEI Number: 20-0556807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, HOWARD E PRESIDE
3114 SW 29TH AVENUE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

COHEN, HOWARD E PRESIDE
1382 WHISKEY CREEK DRIVE
FORT MYERS, FL 33919 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: CATHY COHEN

10/04/2008

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 ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, HOWARD E
Address: 3114 SW 29TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Delete
Name: AREL, KEVIN VP
Address: 2306 NE 17TH ST
City-St-Zip: CAPE CORAL, FL 33909

Title: SEC (X) Delete
Name: COHEN, HOWARD E SEC
Address: 3114 SW 29TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: TRES (X) Delete
Name: COHEN, HOWARD E TRES
Address: 3114 SW 29TH AVE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HOWARD COHEN

P

10/04/2008

Electronic Signature of Signing Officer or Director

Date