

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT****FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 16 AM 8:59

DOCUMENT # P04000005738

1. Corporation Name

American Cabinet Works Inc

2. Principal Office Address - No P.O. Box #

8550 Garden St

3. Mailing Office Address

8550 Garden St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax FL

City & State

Jax FL

Zip

32219

Country

Duval

Zip

32219

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

1-7-2004

5. FEI Number

371489542

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

Daniel Cox

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

8550 Garden Street

Suite, Apt. #, Etc.

City

Jax

State

FL

Zip Code

32219

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Del Cox

Date 10-15-09

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	Daniel Cox	8550 Garden St	Jax FL 32219
V.P.	Aaron Johnson	11561 Treasury Circle	Jax FL 32246

REINSTATEMENT 08-09 KS

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:

Del G

10-15-09

904-672-6649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #