# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 30, 2009**
**Secretary of State**

DOCUMENT# P04000030522

**Entity Name:** HUDSON CABINETS, INC.

**Current Principal Place of Business:**

905 S.E. 14TH PLACE, UNIT A
CAPE CORAL, FL 33990

**New Principal Place of Business:**

905 S.E. 14TH PLACE, UNIT D
CAPE CORAL, FL 33990

**Current Mailing Address:**

905 S.E. 14TH PLACE, UNIT A
CAPE CORAL, FL 33990

**New Mailing Address:**

905 S.E. 14TH PLACE, UNIT D
CAPE CORAL, FL 33990

**FEI Number: 20-0735604** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUDSON, MARK
905 S.E. 14TH PLACE, UNIT A
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

HUDSON, MARK
905 S.E. 14TH PLACE, UNIT D
CAPE CORAL, FL 33990 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: MARK HUDSON 10/30/2009
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: D ( ) Delete
Name: HUDSON, MARK
Address: 432 S.W. 38TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete
Name: HUDSON, JUNIA
Address: 432 S.W. 38TH STREET
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:

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: JUNIA HUDSON O 10/30/2009
Electronic Signature of Signing Officer or Director Date