2006 FOR PROFIT CORPORATION REINSTATEMENT DOCUMENT # P04000062839 1. Entity Name FRANZ CABINETS OF THE PALM BEACHES INC Principal Place of Business 16525 90TH STREET NORTH LOXAHATCHEE, FL 33470 2. Principal Place of Business 3. Mailing Address 3. Mailing Address

FILED

and marketing

06 DEC 26 AM 8: 49

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Principal Place	e of Business		Mailing Address	Mailing Address			SECRETARY OF STATE FALLAHASSEE. PLORIDA				
16525 90TH STREET NORTH 1				16525 90TH STREET NORTH LOXAHATCHEE, FL 33470							
2. Principal Pl	ace of Busin	ess	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			RENEWATEMENTO				
City & State			City & State	City & State			er 7474		<u> </u>	olied For Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New Reg	istered Aç	ent		
VICTORIA 16525 90T LOXAHATO	H STREE	T NORTH			Name Street Addre	ss (P.O. Box Numb	er is Not Acceptable)				
					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											
		FEE IS \$150.00 07, Fee will be \$300.0	00				In accordance witt corporation did no	n s. 607.1 t receive	93(2)(b), F the prior n	S., the otice.	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFICE	ERS AND I	DIRECTORS	IN 11	
TITLE	Р		☐ Delete	TITE	.E			!	Change	Addition	
NAME	VICTORIA, SAMUEL E			NAM	AE	400082777824					
STREET ADDRESS	16525 90TH STREET NORTH			STRE		12/26/0601049004 **			**158.	. 75	
CITY-ST-ZIP	LOXAHAT	CHEE, FL 33470		CITY	Y-ST-ZIP						
TITLE			Delete	TITL					Change	Addition	
NAME				NAN	_						
STREET ADDRESS					EET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP											
TITLE			☐ Delete	TITL					Change	☐ Addition	
NAME STREET ADDRESS				NAA CTD	IEET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP						
TITLE			Delete	TITL					Change	Addition	
NAME			☐ Delete	NAN					change		
STREET ADDRESS				STR	REET ADDRESS					,	
CITY-ST-ZIP				CITY	Y-ST-ZIP						
TITLE			☐ Delete	TITL	LE				Change	☐ Addition	
NAME				NAN:	ME						
STREET ADDRESS				STR	REET ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP						
TITLE			☐ Delete	TITL	LE				☐ Change	☐ Addition	
NAME	1			NAM							
STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP				L	Y-ST-ZIP						
12. I hereby of indicated	certify that the l on this repo	e information supplied with rt or supplemental report i	h this filing does not qualify s true and accurate and tha	for the exact fo	emptions conta ature shall have	ined in Chapter 119 the same legal effe	9, Florida Statutes. I fu ct as if made under oa	rther certif th; that I ar	y that the int	formation or director	

2. Thereby certify that the information supplies with this limit does not quality for the exemptions contained in Chapter 19, Florida Statutes. 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.

S	_		A-	-	_
-		N	-		 _

Sauce AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-06

(561) 3336955

Date

Daytime Phone #