

years 2008, 2009, 2010 ... (Thank you)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 JUN 17 AM 10:31  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000115806**  
1. Corporation Name  
**T & M Custom Cabinets, INC.**  
**WI-26832**

700181572097  
06/01/10--01086--014 \*\*450.00

**REINSTATEMENT 08-10**  
CR2E08T (4710)

2. Principal Office Address - No P.O. Box #  
**5635 Rattlesnake Hammock Rd.**  
Suite, Apt. #, etc.  
**303 D**  
City & State  
**Naples, FL.**  
Zip Country  
**34113 USA**

3. Mailing Office Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **04**

5. FEI Number **20-1435123**  
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  
**William A. Somers**  
Street Address (P.O. Box Number is Not Acceptable)  
**3465 Bonita Beach Rd.**  
Suite, Apt. #, Etc.  
**Suite # 12**  
City State Zip Code  
**Bonita Springs FL 34134**

**PROFIT CORPORATIONS ONLY**  
 The \$600.00 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 **William Somers** Date **5/25/10**  
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
OWNER PRES.	Michael G. Seehafer	5635 Rattlesnake Hammock Rd. #303-D	Naples, FL. 34113

10. E-mail Address: **TAXSAVERS@EMBARQMAIL.COM**  
(To be used for future annual report notification)

11. 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. I further certify 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: **Michael Seehafer** Date **5-25-10**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

6/17/10