


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	
DOCUMENT # P04000115806			
1. Corporation Name T & M Custom Cabinets, INC. WI-26832			
2. Principal Office Address - No P.O. Box # 5635 Rattlesnake Hammock Rd. Suite, Apt. #, etc. 303 D City & State Naples, FL. Zip 34113 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
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 Bonita Springs State FL Zip Code 34134		4. Date Incorporated or Qualified To Do Business in Florida 04 5. FEI Number 20-1435123 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status PROFIT CORPORATIONS ONLY <input checked="" type="checkbox"/> 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 607.0503 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)			
Title	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 5-25-10 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

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SEC. OF STATE
TALLahassee, FL

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REINSTATEMENT 08-10
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6/17/10