PLEASE READ ~~ALL~~ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 AUG 13 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000117576

1. Corporation Name
DAN'S CABINETS. INC.

REINSTATEMENT 12-13

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8025 Anderson Rd.		A025 Anderson Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 'B'		SUITE 'B'	
City & State		City & State	
TAMPA FL		TAMPA FL	
Zip	Country	Zip	Country
33634	Hillsborough	33634	Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 07/20/2004

5. FEI Number: 56-2476918 ☐ 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: DANNY TRAN

Street Address (P.O. Box Number is Not Acceptable): 8025 Anderson Rd., STE. 'B'

Suite, Apt. #, Etc.:

City: TAMPA | State: FL | Zip Code: 33634

900249523939
08/16/13--01037--013 **150.00

900249523939
07/05/13--01035--019 **750.00

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: Danny Tran Date: 7-3-13
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.	DANNY TRAN	8025 ANDERSON Rd.	TAMPA FL 33634

10. **E-mail Address:** GATANSIN@GMAIL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Danny Tran 7-3-13 813-841-2837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #