

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000121750**

1. Corporation Name

INTEGRITY CABINETRY, INC.

2. Principal Office Address - No P.O. Box #

211 TOMS RD

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

211 TOMS RD

Suite, Apt. #, etc.

N/A

City & State

DEBARY, FL

City & State

DEBARY, FL

Zip

32713

Country

VOLUSIA

Zip

32713

Country

VOLUSIA

7. Name and Address of Current Registered Agent

Name

NICHOLAS J. OTTESON

Street Address (P.O. Box Number is Not Acceptable)

211 TOMS RD

Suite, Apt. #, Etc.

N/A

City

DEBARY

State

FL

Zip Code

32713

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 **X**

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-27-10

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	NICHOLAS J. OTTESON	211 TOMS RD	Debary FL 32713

10. E-mail Address: **inc, inc @ comcast, net**

(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: **X**

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-10

Date

Daytime Phone #

FILED

10 APR 30 PM 1:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**900179468819
04/30/10--01057--016 ***458.75**

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

8-23-2004

5. FEI Number

36-4559433

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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.

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