

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000014208

1. Entity Name
AM CABINETS SOLUTIONS, INC.



07 OCT 2007 AM 9:52

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5334 OLD WINTER GARDEN RD STE C
ORLANDO, FL 32811

Mailing Address
5334 OLD WINTER GARDEN RD STE C
ORLANDO, FL 32811

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10122007 REIN-P CR2E098 (1/07)



4. FEI Number

20-2253174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDINO, ANTONIO
5334 OLD WINTER GARDEN RD STE C
ORLANDO, FL 32811

Name

Street Address (P.O. Box Number 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ANDINO, ANTONIO
STREET ADDRESS 5334 OLD WINTER GARDEN RD STE C
CITY-STATE-ZIP ORLANDO, FL 32811

TITLE ☐ Change ☐ Addition
NAME 600111189696
STREET ADDRESS 10/23/07--01017--003 **151.00
CITY-STATE-ZIP

TITLE VD ☐ Delete
NAME VELANDRIA, MARIA M
STREET ADDRESS 5334 OLD WINTER GARDEN RD STE C
CITY-STATE-ZIP ORLANDO, FL 32811

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT 2007
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I 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 of the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-2007

Date

Daytime Phone #