


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 13 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000060336--		
1. Entity Name A TOP DRAWER CUSTOM CLOSETS OF BREVARD, INC.		

Principal Place of Business 2898 DUSA DR UNIT 104 MELBOURNE, FL 32935	Mailing Address 2898 DUSA DR UNIT 104 MELBOURNE, FL 32935
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2. Principal Place of Business 1316 BERRI PATCH PL Suite, Apt. #, etc. #1	3. Mailing Address SAME AS #2 Suite, Apt. #, etc.
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City & State MELBOURNE, FL	City & State
Zip 32935	Country U.S.



10122006 REIN-P CR2E098 (11/05)

4. FEI Number 710-0820944	Applied For Not Applicable
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5. Certificate of Status Desired #	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GHIZ, NICKOLAUS J 2078 ROBINHOOD DR MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name MOLLIE C. GHIZ Street Address (P.O. Box Number is Not Acceptable) 301 HERRING STREET City MELBOURNE FL Zip Code 32901	
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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: Mollie C. Ghiz Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE OCT 12, 2006
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FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHIZ, JACK T 2078 ROBINHOOD DR MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600080827986 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/13/06--01041--010 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHIZ, NICKOLAUS J 2078 ROBINHOOD DR MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GHIZ, NICKOLAUS J 2600 COVENTRY ROAD MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHIZ, MOLLIE C 2078 ROBINHOOD DR MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.S.V MOLLIE C. GHIZ 301 HERRING ST MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other like empowered.	
SIGNATURE: Mollie C. Ghiz SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	10/12/06 321-960-9009 Date Daytime Phone #