## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000060336

Title:

Name:

Address:

City-St-Zip:

(X) Delete

GHIZ, JACK T

2600 COVENTRY ROAD

MELBOURNE, FL 32935

Entity Name: A TOP DRAWER CUSTOM CLOSETS OF BREVARD, INC.

FILED Dec 01, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
#1	RI PATCH PL NE, FL 32935			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
#1	RI PATCH PL NE, FL 32935	2600 CIVENTRY RD MELBOURNE, FL 32935	5	
FEI Number:	76-0820944 FEI Number Applied For ( ) FEI I	Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
GHIZ, MOLI 2600 COVE MELBOURI		GHIZ, JACK T 2600 COVENTRY RD MELBOURNE, FL 32935		
The above in the State	named entity submits this statement for the purpos of Florida.	e of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: JACK T. GHIZ			12/01/2008	
Electronic Signature of Registered Agent			Date	
	e with s. 607.193(2)(b), F.S., the corporation did not receiving paign Financing Trust Fund Contribution ( ).	ve the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete GHIZ, NICKOLAUS J 2600 COVENTRY ROAD MELBOURNE, FL 32935	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VS () Delete GHIZ, MOLLIE C 2600 COVENTRY RD MELBOURNE, FL 32935	Title: VST (X Name: GHIZ, JACK T Address: 2600 COVENTR City-St-Zip: MELBOURNE,		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JACK T. GHIZ VST 12/01/2008

() Change () Addition