

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000127391

1. Corporation Name

Austin Cabinetry, Inc.

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

120 E. Oakland Park Blvd

3. Mailing Office Address

120 E. Oakland Park Blvd

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33334

Country
USA

Zip
33334

Country
USA

800145412648
03/10/09--01008--011 **1200.00

REINSTATEMENT 06-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/15/05

5. FEI Number

NONE

☐ 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
RICHARD C. AUSTIN

Street Address (P.O. Box Number is Not Acceptable)
120 E. Oakland Park Blvd

Suite, Apt. #, Etc.
Suite 105

City
Ft. Lauderdale

State
FL

Zip Code
33334

☐ The 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.

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

Richard C. Austin
REGISTERED AGENT MUST SIGN

Date 03/04/09

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
DPST	RICHARD C. AUSTIN	120 E. Oakland Park Blvd Suite 105	Ft. Lauderdale, FL 33334

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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

Richard C. Austin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Austin

03/04/09

Date

Daytime Phone #

954-668-1401