

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000147890

Entity Name: AMISH CABINETRY EXPRESS, INC.

FILED  
Oct 06, 2006  
Secretary of State

## Current Principal Place of Business:

620 NE 15TH AVE UNIT 2  
CAPE CORAL, FL 33909

## New Principal Place of Business:

620 NE 15TH AVE  
UNIT 2  
CAPE CORAL, FL 33909

## Current Mailing Address:

620 NE 15TH AVE UNIT 2  
CAPE CORAL, FL 33909

## New Mailing Address:

620 NE 15TH AVE  
UNIT 2  
CAPE CORAL, FL 33909

FEI Number: 83-0440640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCAVELLO, FRANK L  
1832 SW 36TH TERR  
CAPE CORAL, FL 33914 US

## Name and Address of New Registered Agent:

SCAVELLO, FRANK L  
4230 S.E. 20TH PLACE UNIT #305  
CAPE CORAL, FL 33904 US

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.

SIGNATURE: FRANK L. SCAVELLO

10/06/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCAVELLO, FRANK L  
Address: 1832 SW 36TH TERR  
City-St-Zip: CAPE CORAL, FL 33914

Title: V (X) Delete  
Name: FREY, LARRY T  
Address: 4823 SANDS BLVD  
City-St-Zip: CAPE CORAL, FL 33914

Title: S (X) Delete  
Name: FOLEY, KIMBERLY A  
Address: 1735 BRANTLEY RD APT 2110  
City-St-Zip: FT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SCAVELLO, FRANK L  
Address: 4230 S.E. 20TH PLACE UNIT #305  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: FRANK L. SCAVELLO

P

10/06/2006

Electronic Signature of Signing Officer or Director

Date