## 2007 FOR PROFIT CORPORATION REINSTATEMENT

changed, or on an attachment with an address

**SIGNATURE** 

with all other like empowered.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # 206000144804 CABINET CONCEPTS OF BREVARD, INC. 97 OCT 12 AMII: 38 Principal Place of Business Mailing Address 7720 N WICKHAM ROAD 7720 N WICKHAM ROAD # 106 # 106 MELBOURNE, FL 32940 MELBOURNE, FL 32940 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10102007 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARSOUN, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 703 ASHBURY AVENUE MELBOURNE, FL 32940 City Zip Code Fí 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 FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Р TITLE Delete ☐ Change TITI F Addition NAME FARSOUN, RAYMOND 900**11**0736 10/12/07--01053--019 703 ASHBURY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-ZIP SEC TITLE Delete TITLE ☐ Change ■ Addition FARSOUN, VICKI J NAME NAME STREET ADDRESS 703 ASHBURY AVENUE STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-ZIP VP TITLE Delete TITLE Change ■ Addition NAME HUBER, KARL NAME 641 SPRINGLAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY - ST - ZIP REINSTATEMENT TREA ☐ Delete TITLE Change ☐ Addition HUBER, KAREN NAME 641 SPRINGLAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOUNRE, FL 32940 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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

pageror

October 10, 2007

Division of Corporations Annual Reports Section P.O. Box 6327 Tallahassee, FL 32314

DOCUMENT # P06000144804

To Whom It May Concern:

Please find enclosed our check for \$150.00 to cover the corporate annual fee for 2007.

The reason for the late filing is that we didn't receive the first postcard. This is also the first year that I have had to pay this fee. Enclosed please except my check in the amount of \$150. I will know next year to keep an eye out for it.

Based on the above reason, we ask for the penalties to be waived.

Thank you for your consideration,

Cabinet Concepts of Brevard, Inc.