2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000148627

Entity Name: CABINETS BY DEBRA, INC.

FILED Feb 13, 2008 Secretary of State

Current Pi	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	STREET, OCEAN N, FL 33050			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
#317	RSEAS HIGHWAY			
FEI Number:	N, FL 33050 FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agen	t: Name and Address o	Name and Address of New Registered Agent:	
9711 OVER	CES OF THOMAS D. WRIGHT, CHART RSEAS HIGHWAY NN, FL 33050 US	ERED		
The above in the State	named entity submits this statement for of Florida.	the purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: DEBRA STRUYF			
	Electronic Signature of Registered	d Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation on paign Financing Trust Fund Contribution().	•		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P,VP () Delete STRUYF, DEBRA 2021 DOLPHIN DRIVE MARATHON, FL 33050	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S,T () Delete STRUYF, DEBRA 2021 DOLPHIN DRIVE MARATHON, FL 33050	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete TUREK, EDWARD 2021 DOLPHIN DRIVE MARATHON, FL 33050	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete STRUYF, JOSHUA 2021 DOLPHIN DRIVE MARATHON, FL 33050	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: DEBRA STRUYF P 02/13/2008