


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -1 AM 10:52

DOCUMENT # P07000127926		
1. Entity Name FRITTS CABINETRY, INC.		

Principal Place of Business 1242 ASHLAND AVENUE SE PALM BAY, FL 32909	Mailing Address 1242 ASHLAND AVENUE SE PALM BAY, FL 32909
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2. Principal Place of Business - No P.O. Box # 1531 Republic Street S.E.	3. Mailing Address 1531 Republic Street SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Bay	City & State Palm Bay	4. FEI Number 26-1495414	Applied For Not Applicable
Zip 32909	Country Brevard	Zip 32909	Country Brevard



10212008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent FRITTS, STEVEN J 1242 ASHLAND AVENUE SE PALM BAY, FL 32909	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1531 Republic Street S.E. City Palm Bay FL Zip Code 32909	
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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) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRITTS, STEVEN J 1242 ASHLAND AVENUE SE PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRITTS, JASON 1242 ASHLAND AVENUE SE PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven J. Fritts 11/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #