

2009 A/R

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 108000054390

1. Corporation Name

K&B CABINETS, INC.

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

5130 TILSON DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

Zip

Country

34652USA

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

ROBERT M. ALBRIGHT

Street Address (P.O. Box Number is Not Acceptable)

5130 TILSON DR.

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34652

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 AgentRobert M. Albright

Date

6-19-09

REGISTERED AGENT MUST SIGN

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
P/T	<u>ROBERT M. ALBRIGHT</u>	<u>5130 TILSON DR.</u>	<u>NEW PORT RICHEY FL 34652</u>
VP/3	<u>KAREN ALBRIGHT</u>	<u>5130 TILSON DR.</u>	<u>NEW PORT RICHEY FL 34652</u>

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:

Robert M. Albright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-09

Date

902-9630

Daytime Phone #

FILED

09 JUN 19 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA000157555640
06/22/09--01055--010 **150.00
CR2E081 (12/08)4. Date Incorporated or Qualified
To Do Business in Florida6-3-08

5. FEI Number

26-2736649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.