

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 29 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000006181**

1. Corporation Name

Cabinet and Top Supply, Inc.

REINSTATEMENT

2. Principal Office Address

1490 Rail Head Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

1490 Rail Head Blvd.
Suite, Apt. #, etc.

900038167269

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City & State

Naples, FL.

City & State

Naples, FL.

Zip

34110

Country

Zip

34110

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0369812

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald R. Hoenig

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

1490 Rail Head Blvd.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34110

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 Agent

Ronald R. Hoenig
REGISTERED AGENT MUST SIGN

Date **6-21-04**

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	Ronald R. Hoenig	1490 Rail Head Blvd.	Naples, FL 34118
S	Arturo Trevino	1490 Rail Head Blvd.	Naples, FL 34110

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 under section 119.07(3)(i), 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:

Ronald R. Hoenig

Ronald R. Hoenig

Date **6-21-04**

Daytime Phone # **279-513-9924**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)