PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 19 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000038243

wab-24566

1 Corporation Name

Royal Cabinets II, Inc.
650 Sanford Ave
Altamonte Springs, FL 32701

Principal Place of Business

650 Sanford Ave
Altamonte Springs, FL 32701

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

95-96 AR

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: May 27, 1993

5. FEI Number: 59-3166453 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	George Karapiperis	1094 Oleander St	Longwood, FL 32750
VP	Peter Karapiperis	same	same
TRES	Fotini Karapeperis	same	same
SEC	Basil Karapiperis	same	same

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**********583.75

8. Name and Address of Current Registered Agent

Fotini Karapiperis
1094 Oleander Street
Longwood, FL32750

9. Name and Address of New Registered Agent

Name: George Karapiperis
Street Address (P.O. Box Number is Not Acceptable): 1094 Oleander Street
Suite, Apt. #, Etc.:
City: Longwood State: FL Zip Code: 32750

CR2E040 (12/95)

10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: G. Karapiperis Date: 11/8/1996
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: G. Karapiperis — Nov 8, 1996 — (407)830-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
George Karapiperis