

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

97 NOV 24 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA3000059194

1. Corporation Name

CONTRACTORS CABINET COMPANY

Principal Place of Business

Mailing Address

5512 W. SAMPLE RD.

COCONUT CREEK, FL. 33073

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

REINSTATEMENT 94-97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

68/24/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0436045

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	HAL Berner	8565 NW 49 DRIVE	Coral Springs, FL 33067
Secy. Treas.	JAN HOFFMAN	6340 NW 55 STREET	Coral Springs, FL 33067

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Law Firm of Lawrence Spiegel
343 Almeria Ave.
Coral Gables, FL 33134

Name

JAN HOFFMAN

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

6340 NW 55 STREET

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

REGISTERED AGENT MUST SIGN

Date 11/24/97

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN HOFFMAN, Treasurer

Date

Daytime Phone #

11/24/97 954-978-3700