

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 JAN 14 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P93000075285**

SUNCOAST CABINETS & FORMICA, INC.  
2256 U. S. HIGHWAY 19  
HOLIDAY, FLORIDA 34690

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

**REINSTATEMENT** *90-97*

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified  
To Do Business in Florida  
10/28/93

5. FEI Number  
59-3207983

FEI Number Applied For  
FEI Number Not Applicable

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

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
PD	TSETSEKAS, HARRIET	400 ISLAND WAY #1604	CLEARWATER, FLORIDA
D	TSETSEKAS, STEVE	400 ISLAND WAY #709	CLEARWATER, FLORIDA
			000002059370---3 -01/15/97--01081--017 ****\$75.00 ****\$75.00
			<i>981-14-97</i>

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

TSETSEKAS, HARRIET  
400 ISLAND WAY #1604  
CLEARWATER, FLORIDA

9. If changed, new registered agent / office

Name

000002059370---3  
-01/15/97--01081--018

Street Address (Do NOT Use P.O. Box Number)

\*\*\*\*\$540.00 \*\*\*\*\$540.00

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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 *12/31/96*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 of  
Officer or Director

Date *12/31/96*

Daytime Phone #

Typed or printed name of signing officer or director **HARRIET TSETSEKAS**