

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  FLORIDA DEPARTMENT OF STATE
 98-99 AR
 DIVISION OF CORPORATIONS

FILED

99 JAN -8 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012355

1. Corporation Name

R & R DESIGNER CABINETS, INC.

Principal Place of Business

Mailing Address

3063 NW 23 WAY,
FT. LAUDERDALE, FL
33311

3063 NW 23rd WAY
FT. LAUDERDALE, FL.
33311

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/27/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0471971

Applied For

Not Applicable

City & State

City & State

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
D	MIRANDA, REYNALDO	3063 NW 23 WAY OAKLAND PARK, FL. 33311	OAKLAND, PARK, FL. 33311
			9000002752099-9 -01/22/99-01106-018 ****150.00 ****150.00
			9000002752099-9 -01/22/99-01106-019 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REYNALDO MIRANDA
3063 NW 23 WAY
OAKLAND PARK, FL. 33311

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Reynaldo Miranda

REGISTERED AGENT MUST SIGN

Date

12-14-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Reynaldo Miranda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-14-98

Daytime Phone #

954-735-8805

CR2E040 (1/98)



& R DESIGNER CABINETS, INC.

RE: R & R DESIGNER CABINETS, INC.
3063 NW 23 WAY
OAKLAND PARK, FL. 33311
REF #: P940000 12355

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ATTN:MR.TYRONE SCOTC

AS PER PHONE CALL, MY COMPANY R & R DESIGNER CABINETS, INC. WE
DID NOT RECEIVE AN ANNUAL REPORTS FOR 1999. FIND ENCLOSED MY
CHECK FOR \$158.75 PLUS THE FEE OF \$150.00 FOR THE YEAR 1999.

THANK YOU,

REYNALDO MIRANDA
PRESIDENT