

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 10 PM 4:30

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 794000014909

1. Corporation Name

Capital Cabinets, Inc.

6040 Old Dixie Hwy
6040 Old Dixie Hwy

W04-46574

2. Principal Office Address

6040 Old Dixie Hwy

3. Mailing Office Address

6040 Old Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, Fl.

City & State

Vero Beach, Fl.

Zip

32967

Country

Indian River

Zip

32967

Country

Indian River

REINSTATEMENT

01-04

4. Date Incorporated or Qualified

To Do Business in Florida 1994

5. FEI Number

65-0471947

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Susan Anderson

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

6040 Old Dixie Hwy

Suite, Apt. #, Etc.

☒

City

Vero Beach

State

FL

Zip Code

32967

900044403289
01/10/05--01026--010 **150.00

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

Susan Anderson

REGISTERED AGENT MUST SIGN

Date

1-5-05

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
Pres.	Susan Anderson	13815 101 St.	Fellsmere, Fl. 32948
V.Pres.	Fredrick W. Anderson Jr.	13815 101 St.	Fellsmere, Fl. 32948
S.	Tammy Anderson	13815 101 St.	Fellsmere, Fl. 32948
T.	Jessica Anderson	13815 101 St.	Fellsmere, Fl. 32948

000043552520
12/21/04--01020--007 **600.00

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

Susan Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-17-04

Daytime Phone #

772-794-4660

CR2E081 (01/04)