## 2005 FOR PROFIT CORPORATION REINSTATEMENT

| 2   | REINSTA   | TEMENT   |  | 05 F/1                                |                                     |  |                              |
|---|---|--|--|---------------------------------------|-------------------------------------|--|------------------------------|
| 1. Entity Name  | MENT # P94000038<br>IT CABINETS, INC.   |  | OS OEC 12 AM                                   | . 9.<br>9. 9. 9. 1                    | hc                                  |  |                              |
| Principal Place<br>1350 GLOBE<br>SARASOTA, F  | L COURT   | Mailing Address<br>1350 GLOBEL COURT<br>SARASOTA, FL 34240 | US   | REINS                                 | ''//                                | 是NY I                                  | <u>U 3</u>                   |
| •   | GLOBAL CCULT<br>#, etc.   | 3. Mailing Address 1350 GLOBAL COURT Suite, Apt. #, etc.   |  | 12082005                              | REIN-P                              | CR2E098 (6/04)                         |                              |
| City & State  | 0T4, FZ 34246   | 2000130(11)  | -L<br>Country                                  | 4. FEI Numbe<br>65-0492               |                                     | N                                      | pplied For<br>lot Applicable |
| 342 4   |   | 34240  | 240 US   |                                       |                                     | S8.75 Ad Fee Require                   |                              |
| 6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name ALBRECHT, JEFFREY L  8914 BLOOMFIELD BLVD  SARASOTA, FL 34233  7. Name and Address of New Registered Agent  Name ALBRECHT, JEFF, 2 E4  Street Address (P.O. Box Number is Not Acceptable)  7. Name and Address of New Registered Agent  Name ALBRECHT, JEFF, 2 E4  Street Address (P.O. Box Number is Not Acceptable)  7. Name and Address of New Registered Agent   |   |  |  |                                       |                                     |  |                              |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE FEET L. ALWELTI Signature, typed or printed name of registered agent and total applicable.  (NOTE: Registary Stropfording fund required when relinatable)  OATE  |   |  |  |                                       |                                     |  |                              |
| FILE NOW!!! FEE IS \$150.00  After January 1, 2006, Fee will be \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |   |  |  |                                       |                                     |  |                              |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND PTD ALBRECHT, JEFFREY L 8914 BLOOMFIELD BLVD. SARASOTA, FL 34238 | DIRECTORS Delete   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP      | ADDITIONS/                            | CHANGES TO OFFICER                  | RS AND DIRECTOR  Change                | AS IN 11                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | S<br>ALBRECHT, DORIS<br>4232 CENTER GATE LN<br>SARASOTA, FL 34233             | et inchelle  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ALBRECHT<br>4232 CEM<br>3424554, FL   | DO215<br>FER GATE L<br>342-33       | ☐ enange                               | Addition                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | V H<br>ALBRECMT, BEVERLY A<br>8914 BLOOMFIELD BLVD.<br>SARASOTA, FL 34238     | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | T, BEVEALY<br>OMFIELO G<br>, FL 342 | TA<br>3Lu O.                           | Addition                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                       |                                     | ☐ Change                               | ☐ Addition                   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   |   | ☐ Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 1 (<br>12/12                          | 000620:<br>2/0501039-               | □ Change<br><b>97861</b><br>-020 **150 | □ Addition 0.00              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                       |                                     | ☐ Change                               | ☐ Addition                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee erroowered to second this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like error wered.  SIGNATURE:  SIGNATURE: |   |  |  |                                       |                                     |  |                              |
| SIGNATURE: MICHAEL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISCHARGE OF DISCHARGE OF SIGNING OFFICER OR DIRECTOR DISCHARGE OF DISCHARGE OF SIGNING OFFICER OR DIRECTOR DISCHARGE OF SIGNING OFFICER OR DIRECTOR  |   |  |  |                                       |                                     |  |                              |