2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000058522

1. Entity Name
CRAFT LINE UTILITY CABINETS, INC.

FILED
06 JAN 12 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12232005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
365 NE 5 TH ST BOCA RATON, FL 33432 US	365 NE 5 TH ST BOCA RATON, FL 33432 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0514831
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOHLER, JILL
365 NE 5 TH ST
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name ERIC PIERCE
Street Address (P.O. Box Highly Not Acceptable) 100 NW 28th St BLDG C1-3
City BOCA RATON FL Zip Code 33431

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 _____ DATE 12/23/05
(Signature of registered agent if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOHLER, JILL R 365 NE 5 TH ST BOCA RATON, FL 33432	☒ Delete	P ERIC PIERCE 100 NW 28th St BLDG C1-3 BOCA RATON FL 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MOHLER, KENNETH 365 NE 5 TH ST BOCA RATON, FL 33432	☒ Delete	VS ERIC PIERCE 100 NW 28th ST BLDG C1-3 BOCA RATON FL 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900063543789 01/12/06--01018--001 **1005.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

REINSTATEMENT

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 or trustee empowered to execute 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 empowered.

SIGNATURE: _____ 12-23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Department of State