

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

97 JUN -4 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 994000068146

1. Corporation Name  
Coral Custom Cabinets, Inc.

Principal Place of Business Mailing Address  
109 SE 3rd Court, Bay 17  
Deerfield Beach, FL 33441

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 09-13-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0517974	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/S	James L. Schumacher	1003 Coral Court	Boynton Beach, FL 33426
			600002205766--9 -06/09/97--01087--011 ****915.00 ****915.00
			REINSTATEMENT 96-97
			6-6-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name James L. Schumacher
	Street Address (P.O. Box Number is Not Acceptable) 109 SE 3rd Court, Bay 17
	Suite, Apt. #, Etc.
	City Deerfield Beach
	State FL
	Zip Code 33441

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 James L. Schumacher  
REGISTERED AGENT MUST SIGN

Date 6/2/97

11. 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.)

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: James L. Schumacher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. SCHUMACHER

Date 6/2/97

Daytime Phone #