

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P94000068166

1. Corporation Name

CORAL CUSTOM CABINETS INC.

99 OCT 19 AM 11:27

Principal Place of Business

Mailing Address

~~1003 CORAL COURT~~  
~~DAY 17~~  
~~BOYNTON BEACH FL 33426~~  
~~US~~

1003 CORAL COURT  
~~DAY 17~~  
BOYNTON BEACH FL 33426  
US

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

2. New Principal Office Address, If Applicable

1370 West Industrial Ave

Suite, Apt. #, etc.

Bay 107  
City & State  
Boynton Beh Fla  
Zip  
33426 US

3. New Mailing Office Address, If Applicable

1003 Coral Ct

Suite, Apt. #, etc.

City & State  
Boynton Beh Fla  
Zip  
33426 US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/1994

5. FEI Number

65-0517974

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTS	SCHUMACHER, JAMES L	1003 CORAL COURT	BOYNTON BEACH FL 33426
PTS	Schumacher, James L	1005 Coral Court	Boynton Beach Fla 33426
			100003029261--8 -10/29/99--01057--019 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHUMACHER, JAMES L  
1003 CORAL COURT  
~~BOYNTON BEACH FL 33426~~  
BOYNTON BEACH FL 33426

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

James L Schumacher  
REGISTERED AGENT MUST SIGN

Date 10/12/99

11. 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)(l), 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 James L Schumacher 10/12/99 561-735-7699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/99)