

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**

97-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

00 APR 14 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

①

DOCUMENT # P95000011644

1. Corporation Name

J. I. CABINETRY, INC.

W000-9091

2. Principal Office Address

550 Industrial Way

Suite, Apt. #, etc.

Unit C+D

City & State

Boynton Beach, FL

Zip

Country

33426

USA

3. Mailing Office Address

550 Industrial Way

Suite, Apt. #, etc.

Unit C+D

City & State

Boynton Beach, FL

Zip

Country

33426

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

650554975

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JON E. ILOMAKI

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

550 Industrial Way

Suite, Apt. #, Etc.

Unit C+D

City

Boynton Beach, FL

State

FL

Zip Code

33426

100003225431-9

04/28/00-01078-002

***615.00 ***615.00

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

[Signature]

JON E. ILOMAKI

REGISTERED AGENT MUST SIGN

Date 3/28/00

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
V/P	PATRICIA L. ILOMAKI	1525 No. "O" Street	Lake Worth, FL 33460
P.	JON E. ILOMAKI	1525 No. "O" Street	Lake Worth, FL 33460

Trustee

Director

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON E. ILOMAKI

Date

3/28/00

Daytime Phone #

561-533-5228

CR2E081 (9/99)

J.I. CABINETRY, INC.

550 Industrial Way, Unit C&D

Boynton Beach, FL 33426

Phone: 561-533-5228

Fax: 561-547-4352

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TO: FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS

3/28/00

I AM WRITING TO YOU AS A PLEA TO REINSTATE MY CORPORATION, NOT KNOWING THAT IT HAD LAPSED SINCE 1995. AT THAT TIME, I WAS GRIEVING FROM THE LOSS OF MY WIFE DUE TO CANCER. SHE DIED ON MY SON'S BIRTHDAY. WE WENT THROUGH QUITE A GRIEVING PERIOD AS MY BUSINESS WAS SKY ROCKETING. AS SO MUCH WAS ON MY MIND, I NEVER ONCE THOUGHT ABOUT THE CORPORATION DUES AND INFORMING YOU OF THE RELOCATION OF MY BUSINESS. PLEASE GRANT ME A ONE TIME EXCLUSION AND REINSTATE MY CORPORATION FOR THE \$600.00.

THANK YOU!


JON E. ILO MAKI
J.I. CABINETRY, INC