

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

99AR



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

DOCUMENT # P95000036440

1. Corporation Name

CABINETS FROM PARKERS, INC.

Principal Place of Business

Mailing Address

216 ROSS RD  
TALLAHASSEE FL 32310

P O BOX 5612  
TALLAHASSEE FL 32314  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1995

5. FEI Number

59-3313861

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PARKER, BETTY L	1228 MARCH RD	TALLAHASSEE FL
	(Parker-Mason)		

300003022873--5  
-10/22/99--01106--008  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, BETTY L Parker-Mason  
216 ROSS RD  
SUITE 101  
TALLAHASSEE FL 32314

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

Betty L. Parker-Mason

REGISTERED AGENT MUST SIGN

Date

Oct. 11, 1999

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)(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:

Betty L. Parker-Mason  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 11, 1999  
Date Daytime Phone #

(850)942-1452

FILED

99 OCT 12 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/99)

## CABINETS FROM PARKER, INC.

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216 Ross Road  
Tallahassee, Florida 32310

Post Office Box 5612  
Tallahassee, Florida 32314

Telephone (850) 942-1452  
Facsimile (850) 942-6420

October 11, 1999

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

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Re: FEI No.: 59-3313861

Dear Sir or Madam:

On today's date I received a Notice of Administrative Dissolution or Revocation from your office. Due to a change in officers at the beginning of the year, our 1999 coporation annual report was not received and therefore inadvertently not filed by the deadline with the Division of Corporations.

I was informed by your office to forward the enclosed application and a fee of \$150.00 to reinstate to active status.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance in this matter.

Sincerely,



Betty L. Parker-Mason  
President

Enclosures