

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FORMED
AND
FILED

98 DEC -7 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P95000058109

1. Corporation Name

ANGELO TUMMINARO CABINET AND MILLWORK, INC.

Principal Place of Business

Mailing Address

2301 INDUSTRIAL BLVD
SARASOTA FL 34234

2301 INDUSTRIAL BLVD
SARASOTA FL 34234

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

221 Industrial Blvd
Suite, Apt. #, etc.

221 Industrial Blvd.
Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL
Zip 34234 Country

Sarasota, FL.
Zip 34234 Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1995

5. FEI Number

65-0034255

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ANGELO TUMMINARO	1616 KILPATRICK RD	NOKOMIS FL

000002710510--5
-12/11/98-01068-055
****750.00 ****750.00

12/8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TUMMINARO, ANGELO
1616 KILPATRICK RD
NOKOMIS FL 34275

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]

SIGNATURE REQUIRED

Date 12-1-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-98

Date

351-7080

Daytime Phone #

CR2040 (9/98)