PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPROVED AND FILED

97 OCT 16 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT 97

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

DOCUMENT # P95000096394

1. Corporation Name
BIGGS CUSTOM CABINETS INC

Principal Place of Business	Mailing Address
1790 NW 38 AVE LAUDERHILL FL. 33311	1790 NW 38 AVE LAUDERHILL FL. 33311

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: 1995

5. FEI Number: 65-0626426 ☐ 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
PRESIDENT	EVERTON REID	11553 NW 35 ST	CORAL SPRINGS FL 33065
VICE PRES.	NEVILLE BUCHANAN	9613 NW 76 COURT	TAMARAC FL 33321

REINSTATEMENT 1997
10/16/97

-10/20/97--01139--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

EVERTON REID
11553 NW 35 ST
CORAL SPRINGS FL. 33065

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 10.15.97

REGISTERED AGENT MUST SIGN

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: EVERTON REID [signature] NEVILLE BUCHANAN [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.15.97 Date

954.486.2299 Daytime Phone #