## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED REINSTATEMENT Secretary of State 02 MAY 20 PM 1: 21 **DIVISION OF CORPORATIONS** SECRETARY OF SIA. PALKAHASSEE, ELDE DOCUMENT # 600000961 1. Corporation Name Innovative Closets and Cabinetry, Inc. 2. Principal Office Address 3. Malling Office Address 202 Julia St 202 Julia St Suite, Apt. #, etc. Suite, Apt. #, etc. 4.-Date Incorporated or Qualified To Do Business in Florida City & State City & State <del>01/01/1</del>996.\_ 5. FEI Number New Smyrna Beach, FL New Smyrna Beach, FL 59-3351284 Not Applicable Zip 32168 USA 32168 CERTIFICATE OF STATUS DESIRED USA for a Certificate of St 7. Name and Address of Current Registered Agent Hugh V. Young Street Address (P.O. Box Number is Not Acceptable) 21 Lagoon Ct Suite, Apt. #, Etc. City Zip Code New Smyrna Beach, 32169 8. I, being appointed the registered agent of the above named exporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip 121 Lagoon Ct. Hugh V. Young New Smyrna Beach, FL 3216 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 fing

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 955 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.

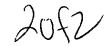
SIGNATURE:

Hugh Young SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/02

386-426.6188

Daytime Phone #





ACCOUNT NO. :

072100000032

REFERENCE :

587817

7337311

AUTHORIZATION'

COST LIMIT

\$ 1058.75

ORDER DATE: May 20, 2002

ORDER TIME: 11:54 AM

ORDER NO. : 587817-005

CUSTOMER NO: 7337311

CUSTOMER: Mr. Hugh V. Young

Innovative Cabinetry

202 Julia Street

New Smyrna Beac, FL 32168

DOMESTIC FILINGS

NAME:

INNOVATIVE CLOSETS AND

CABINETRY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_ PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133

EXAMINER'S INITIALS