

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 20 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

p96000000961

1. Corporation Name

Innovative Closets and Cabinetry, Inc.

2. Principal Office Address

202 Julia St.

Suite, Apt. #, etc.

3. Mailing Office Address

202 Julia St.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/01/1996

5. FEI Number

59-3351284

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

00-02

7. Name and Address of Current Registered Agent

Name

Hugh V. Young

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

121 Lagoon Ct.

Suite, Apt. #, Etc.

100005574691-0

City

New Smyrna Beach,

State

FL

Zip Code

32169

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**

REGISTERED AGENT MUST SIGN

Date

5/16/02

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

D

Hugh V. Young

121 Lagoon Ct.

New Smyrna Beach, FL 32169

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:

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

5/16/02
Date

386-426.6188
Daytime Phone #

20f2



ACCOUNT NO. : 072100000032

REFERENCE : 587817 7337311

AUTHORIZATION

Patricia Pizeto

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.

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
02 MAY 20 PM 12:08

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____