


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 26, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P96000000961		
1. Entity Name INNOVATIVE CABINETRY INC.		

Principal Place of Business 530 WAYNE AVE NEW SMYRNA BEACH, FL 32168	Mailing Address 530 WAYNE AVE NEW SMYRNA BEACH, FL 32168
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02182005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent	
YOUNG, HUGH V 121 LAGOON CT NEW SMYRNA BEACH, FL 32169	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Hugh V Young</u>	DATE <u>2/23/05</u>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete D YOUNG, HUGH V 121 LAGOON CT NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Hugh V Young</u>	DATE <u>2/23/05</u>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300047924683 03/08/05--01018--007 **308.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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