

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 23 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000018215**

1. Corporation Name

**ALTERNATIVE DESIGNS CUSTOM
CABINETRY, INC.**

2. Principal Office Address

5201 E. BROADWAY

Suite, Apt. #, etc.

3. Mailing Office Address

5201 E. BROADWAY

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA FLORIDA

Zip

33619

Country

USA

Zip

33619

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593376596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARY L. TOMLINSON-CAIN

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

6104 CACAO DR.

Suite, Apt. #, Etc.

City

APOLLO BEACH

State

FL

Zip Code

33572

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

Mary L. Tomlinson-Cain

REGISTERED AGENT MUST SIGN

Date

05/21/03

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
PRES	MARY L. TOMLINSON	6104 CACAO DR.	APOLLO BEACH, FL 33572
V-PRES	DANNY C. TOMLINSON	6104 CACAO DR.	APOLLO BEACH, FL 33572

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:

Mary L. Tomlinson-Cain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/21/03 813-248-6100

Daytime Phone #

CR2E061 (10/02)

g shs

ALTERNATIVE DESIGNS



2501 East Broadway ♦ Tampa, Florida 33619
Phone 813-248-6100 ♦ Fax 813-248-8095

May 21, 2003

DEPARTMENT OF STATE
Division of Corporations
p. o. Box 6327
Tallahassee, Fl 32314

RE: ALTERNATIVE DESIGNS CUSTOM CABINETRY, INC.
#59-3376596

To Whom It May Concern:

As of this date, I have not received any information concerning the reinstatement of our corporate registration.

On, November 14, 2002, I mailed our check # 2061 in with a letter explaining that we had a change in address for this corporation and due to the change of address, I did not receive the corporate filing papers. I realized that I am past that time again, and still do not have the filing registration papers for this year so I am sending another reinstatement application and this explanation.

Please let me know how soon this reinstatement will take place.

Thank you in advance for your assistance in this matter.

Sincerely,

ALTERNATIVE DESIGNS

Mary L. Tomlinson-Cain