PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 SEP 17 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084462

1. Corporation Name
G+C Cabinetry Inc.
1547 Dolgner PL
Sanford FL 32771
W02-24768

2. Principal Office Address	3. Mailing Office Address
1547 Dolgner PL	1547 Dolgner PL
Suite, Apt. #, etc. 1547 Dolgner PL	Suite, Apt. #, etc. 1547 Dolgner PL
City & State Sanford FL	City & State Sanford FL
Zip 32771 Country USA	Zip 32771 Country Seminole

4. Date Incorporated or Qualified To Do Business in Florida 10/10/96

5. FEI Number 59-3408929 — 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: Nelson Candelario

500007853815--9
09/19/02 01080-008
****600.00 ****600.00

Street Address (P.O. Box Number is Not Acceptable): 1547 Dolgner PL

Suite, Apt. #, Etc.:

City: Sanford State: FL Zip Code: 32771

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: [signature]
REGISTERED AGENT MUST SIGN

Date: 8/14/02

CR2E081 (9/01)

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
P	Nelson Candelario	1547 Dolgner PL	Sanford FL 32771
T	Nelson Candelario	1547 Dolgner PL	Sanford FL 32771
S	Nelson Candelario	1547 Dolgne PL	Sanford FL 32771
V	Nelson Candelario	1547 Dolgner PL	Sanford FL 32771
D	Nelson Candelario	1547 Dolgner PL	Sanford FL 32771
C	Nelson Candelario	1547 Dolgner PL	Sanford FL 32771

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: [signature] 8/14/02 407-923-2656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gl 9/17/02

8/14/02

To whom it may concerne,

Enclosed is a check for 600.00 Dollars. this is my balance up to date. Please waive my penalty due to the fact that I never recieved any paper work or bilins from the department of State.

Also the Post office renumbered all the buildings in my INDUSTRial complex therefore making it difficult or impossible to recieve ANY correspondence

Thank You

P.S.
Correct address is on reinstatement Form.

Pres. G+C Cabinets