

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 10 PM 1:04

DOCUMENT # P96000095980

1. Corporation Name

DESIGN GROUP CABINETRY, INC.

2. Principal Office Address

25399 Papillion Dr.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

Lee

3. Mailing Office Address

25399 Papillion Dr.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

Lee

REINSTATEMENT 99-01

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

5. FEI Number

65-0736661

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

Steve Thurlow

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

25399 Papillion Dr.

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

600004316206-8
-05/24/01--01097--040
***1050.00 ***1050.00

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

X 5/8/01

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

Steve Thurlow

25399 Papillion Dr.

Bonita Springs, FL
34135

AR 5/23

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, I have paid all fees owed by the corporation have been paid and the names of individuals listed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5-8-01

Date

941-267-3633

Daytime Phone #

CR2ED01 (9/00)