

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN -5 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000100207

1. Corporation Name

T&E Custom Cabinets, Inc.

2. Principal Office Address

1500 W. Copans Rd. #F12

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

USA

3. Mailing Office Address

1500 W. Copans Rd. #F12

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

USA

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

12/11/96

5. FEI Number

65-0714530

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

Mel P. O'Keefe

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

1500 W. Copans Road #F12

Suite, Apt. #, Etc.

City

Pompano Beach,

State

FL

Zip Code

33064

REINSTATEMENT

9801

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

Mel P. O'Keefe

Date

5/10/01

REGISTERED AGENT MUST SIGN

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
PVSTD	Mel P. O'Keefe	1500 W. Copans Rd. #F12	Pompano Beach, FL 33064
	1050.00-Adm		800004416798--1
	61.25-Arc		-06/13/01--01003--005
	88.75-ArSupp		***1200.00 ***1200.00

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:

Mel P. O'Keefe

Mel P. O'Keefe

5/10/01

954-974-4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)