

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000100207

1. Entity Name  
T&E CUSTOM CABINETS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC '22 AM 8:17

Principal Place of Business  
1500 W. COPANS RD., #F12  
POMPAÑO BEACH, FL 33064

Mailing Address  
22048 AQUA COO A  
BOCA RATON, FL 33428

REINSTATEMENT



tk

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11222004 REIN-P CR2E098 (6/04)

4. FEI Number  
65-0714530

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'KEEFFE, MEL P  
1500 W. COPANS RD., #F12  
POMPAÑO BEACH, FL 33064

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PVST  
O'KEEFEE, MEL P  
1500 W. COPANS RD., #F12  
POMPAÑO BEACH, FL 33064

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

900043610869  
12/23/04--01031--002 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
O'KEEFEE, MEL P  
1500 W. COPANS RD., #F12  
POMPAÑO BEACH, FL 33064

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEL P. O'KEEFFE

12/13/04 561-289-4863

Date

Daytime Phone #