

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000100678

**FILED**  
**Dec 16, 2010**  
**Secretary of State**

**Entity Name:** STATEWIDE CABINETRY INSTALLATION, INC.

**Current Principal Place of Business:**

1759 SW 18TH STREET  
WILLISTON, FL 32696 US

**New Principal Place of Business:**

**Current Mailing Address:**

7091 SOUTH 123 TERRACE  
MORRISTON, FL 32668 US

**New Mailing Address:**

**FEI Number:** 65-0799359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODS, CLAY A  
7091 SE 123RD TERRACE  
MORRISTON, FL 32668 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** CLAY A. WOODS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D, P  
**Name:** WOODS, CLAY  
**Address:** 7091 SOUTH 123 TERRACE  
**City-St-Zip:** MORRISTON, FL 32668

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CLAY A. WOODS

PRES

12/16/2010

Electronic Signature of Signing Officer or Director

Date