

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP -4 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000008999
1. Corporation Name
GREGORY'S CABINETS, INC.

REINSTATEMENT 05-67

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # <u>3470 27th AVE SW</u>		3. Mailing Office Address <u>3470 27th AVE SW</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>NAPLES FL.</u>		City & State <u>NAPLES FL.</u>	
Zip <u>34117</u>	Country <u>Collier</u>	Zip <u>34117</u>	Country <u>Collier</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>1/27/98</u>	Applied For <input type="checkbox"/>
5. FEI Number <u>650807619</u>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>GREG WEPPNER</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>3470 27th AVE SW</u>		
Suite, Apt. #, Etc.		
City <u>NAPLES</u>	State <u>FL</u>	Zip Code <u>34117</u>

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 X Greg Weppner
REGISTERED AGENT MUST SIGN

Date 8/30/07

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
OWNER	GREG WEPPNER	3470 27th AVE SW	NAPLES FL. 34117

000108893420
09/04/07--01033--006 **450.00

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 contained in Chapter 119, 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: X Greg Weppner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/07 (239) 450-8840
Date Daytime Phone #