

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P98000049348**

1. Corporation Name

EUROPEAN STYLE CABINETS BY NICK, INC.

Principal Place of Business

12355 62ND STREET NORTH SUITE 6
LARGO FL 33773

Mailing Address

12355 62ND STREET NORTH SUITE 6
LARGO FL 33773

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1998

5. FEI Number

59-3516752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	NOBLE, WILLIAM G	11183 102ND LANE NORTH	LARGO FL 33773

8. Name and Address of Current Registered Agent

SIMPSON, RONALD R
12586 SEMINOLE BLVD.
LARGO FL 33778

WM NOBLE

9. Name and Address of New Registered Agent

Name

WILLIAM NOBLE

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

12355 62 ST. No

Suite, Apt. #, Etc.

UNIT 5

City

LARGO FLA

State

FL

Zip Code

33773

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-22-03

11. 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)(l), 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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-1-03

Daytime Phone #

FILED

03 FEB 11 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02-03

[Signature]

CR2040 (8/02)