

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 19 PM 2:34

TAMPA, FL 33601

DOCUMENT # P98000081675

1. Corporation Name
Cabinets & Interiors Direct, Inc.

600059177496
08/31/05--01035--005 **1358.75

2. Principal Office Address
6804 Harbor Viewway
Suite, Apt. #, etc.

3. Mailing Office Address
6804 Harbor Viewway
Suite, Apt. #, etc.

City & State
Tampa, FL
Zip
33615
Country
USA

City & State
Tampa, FL
Zip
33615
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 9/18/98

5. FEI Number
59-3532338

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
J. Keith Lamplay
Street Address (P.O. Box Number is Not Acceptable)
6804 Harbor Viewway
Suite, Apt. #, Etc.
Tampa
City

State
FL
Zip Code
33615

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

J. Keith Lamplay
REGISTERED AGENT MUST SIGN

Date 8/19/05

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
<u>P</u>	<u>J. Keith Lamplay</u>	<u>6804 Harbor Viewway</u>	<u>Tampa, FL 33615</u>

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:

J. Keith Lamplay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/05
Date

813-408-6644
Daytime Phone #

M. Williams AUG 19 2005

CR2E081 (01/05)