## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000088937  1. Entity Name HAVASU CABINETS, INC.				FILED		
Principal Place	a of Business	Mailing Address	No. WEEK		6 AUG 28 AM 11: 39	
Principal Place of Business 4575 N. US HWY 1		Mailing Address 4575 N. US HWY 1	•		ECRETAIN OF STATE	
9 S VERO BEACH, FL 32967		9 S Vero Beach, FL 3290	9 S VERO BEACH, FL 32967		TO A CECULAR DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMP	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		P CR2E098 (11/05)	
City & State		City & State		4. FEI Number 59-3566804	Applied For Not Applicab	
Zip	Country	Zip	Country	5. Certificate of Status De	\$0.75 Additional	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of	f New Registered Agent	
WATSON,	REX A				<del> </del>	
155 41ST (	CT ACH, FL 32968		Street Addre	ess (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	
8. The above	named entity submits this statement to	or the purpose of changing its	registered office or regi	stered agent, or both, in the Sta	ate of Florida. I am familiar with, and accep	
SIGNATURE	ions of registered agent.  Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent eigneture n		\$24-06 DATE dance with s. 607.193(2)(b), F.S., the	
	.E NOW!!! FEE IS \$300.00				ion did not receive the prior notice.	
TITLE .	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 11  Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WATSON, REX A 155 41ST CT VERO BEACH, FL 32968	L) Veige	NAME STREET ADORESS CITY-ST-ZIP	50007 09/06/060	79517475 1024004 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, KENNY 1735 8 AVE SW VERO BEACH, FL 32962	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, JASON 155 41 CT VERO BEACH, FL 32968	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, RICHARD 5435 45 ST VERO BEACH, FL 32967	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio	
TITLE NAME_ STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio	
12. I hereby of indicated of the cor	on this report or supplemental report in poration or the receiver or trustee emplor or on an attachment with an address,	s true and accurate and that lowered to execute this report with all other like empowered	or the exemptions contain my signature shall have as required by Chapter	the same legal effect as if made 607, Florida Statutes; and that i	atutes. I further certify that the information a under oath; that I am an officer or director my name appears in Block 10 or Block 11 in https://doi.org/10.1007/10.10	