

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000004558

1. Corporation Name

CABINET WORKS OF NAPLES, INC.

Principal Place of Business Mailing Address

5272 32ND AVENUE, S.W. 6272 32ND AVENUE, S.W.
NAPLES FL 34110 NAPLES FL 34110

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

1400 3RD ST. SOUTH same
Suite, Apt. #, etc. Suite, Apt. #, etc.
Naples, FL City & State
City & State
Zip Country Zip Country
34102 Collier

4. Date Incorporated or Qualified To Do Business in Florida 01/13/1999

5. FEI Number 59-3553232 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MARTIN, STEPHEN C	5272 32ND AVENUE, S.W. 615 29th St. NW	NAPLES FL 34110 34120

700004679577--2
-11/14/01--01094--018
****150.00 ****150.00

10/11/8

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

MARTIN, STEPHEN C
5272 32ND AVENUE, S.W. 1400 3rd St South
NAPLES FL 34110 34102

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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.

Signature of Registered Agent Stephen Martin Date 10/19/01

REGISTERED AGENT MUST SIGN

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)(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: Stephen Martin STEPHEN MARTIN Date 10/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Brigid D. Soldavini CPA, P.A.

5455 Jaeger Road
Naples, FL 34109

OFFICE • 941-591-4747 • FAX 941-591-2991

Division Of Corporations
Annual Report/ Reinstatement Section
Tallahassee, Fl.

RE: Cabinet Works Of Naples, Inc.
Document # P99000004558

Dear Sirs:

This letter is on behalf of the above-mentioned corporation.

Because there was a change in the business address as well as the personal address of the corporate officers, and since the UBR forms were not forwarded to the new address the original UBR form or the second reminder, was received. The corporation has been formed long enough to file the UBR form for one year, so they were not very familiar with the different reports that were necessary to file.

We have enclosed the reinstatement form with the corrected address. Please accept the enclosed check for \$150.00 and the reinstatement form, as this was not intentional. Be assures that future reports will be filed in a timely matter.

Thank you in advance for your co-operation.

Respectfully

Brigid D. Soldavini CPA, PA.


Sandra Miller