

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000005251

1. Corporation Name

CRAFTERS CUSTOM CABINETRY, INC.

Principal Place of Business

Mailing Address

5320 TOWER WAY
SANFORD FL 32773

5320 TOWER WAY
SANFORD FL 32773

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1999

5. FEI Number

59-3552309

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
1	2	3	4
PYST	BURKE, DONNA E	1211 PARKLAND CT	ALTAMONTE SPRINGS FL 32714
D	BURKE, DONNA E	1211 PARKLAND CT	ALTAMONTE SPRINGS FL 32714
PST	Willard R Glover Jr	1211 Parkland Court	Altamonte Springs FL 32714
V	Burke, Donna E	1211 Parkland Court	Altamonte Springs FL 32714

8. Name and Address of Current Registered Agent

BURKE, DONNA E
1211 PARKLAND COURT
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name Willard R Glover Jr
Street Address (P.O. Box Number is Not Acceptable) 1211 Parkland Court
Suite, Apt. #, Etc. Altamonte Springs
City Altamonte Springs
State / Zip Code FL 32714

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

Donna Burke
Date 12-20-02
REGISTERED AGENT MUST SIGN (321) 303-5272

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:

Willard R Glover Jr
PRES.
321-303-5272
12-20-02
Date (321) 303-1893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To: FL.D.O.S.

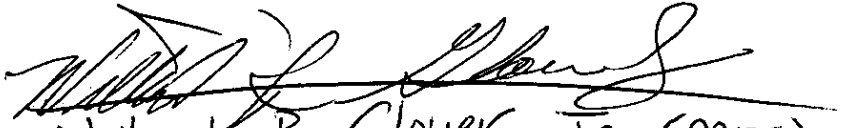
12/20/02

From: Crafters Custom Cabinetry, Inc.

P.O. Box 161329

Altamonte Springs, FL 32716-1329

This Corporation did not receive
the UBR notices. Therefore fee
of \$150.00 is enclosed.


Willard R. Glover, Jr. (PRES.)