

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000005578

1. Corporation Name

KJH FINISH CARPENTRY, INC.

Principal Place of Business

Mailing Address

4166 BIRCHWOOD DR.
BOCA RATON FL 33487

4166 BIRCHWOOD DR.
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

139 Duke Dr.
Suite, Apt. #, etc.
Lake Worth, FL
City & State

3. New Mailing Office Address, If Applicable

139 Duke Dr.
Suite, Apt. #, etc.
Lake Worth, FL
City & State

Zip
33460

Country
USA

Zip
33460

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1999

5. FEI Number

65-090 1965

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	Kevin J Holsten	139 Duke Dr.	Lake Worth, FL 33460

500003532515--3
-01/11/01--01035--011
****750.00 ****750.00

500003532515--3
-01/11/01--01035--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

HOLSTEN, KEVIN J
4166 BIRCHWOOD DR.
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/18/00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/00

Daytime Phone #

KE



REINSTATEMENT

00-01

CP2E040 (8/00)