PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P990000	006987

1. Corporation Name

HERNANDO CABINET AND DESIGN CENTER, INC.

Principal Place of Business

Mailing Address

300 W. JEFFERSON ST BROOKSVILLE FL 34601 300 W. JEFFERSON ST - BROOKSVILLE FL 34601

FILED

02 NOV 25 AH 10: 27

SECRETARY OF STATE TALLAHASSEE. FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.						Demolatement 02					
New Principal Office Address, If Applicable 3. New Maili			ng Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 01/25/1999					
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #,	#, etc.			5. FEI Number	r	1	Applied For		
City & State City &		City & State	& State			59-3554867 Not Applied					
Zip Country Zip		Zip	Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
7. Names a	and Street Add	dresses of E	ach Officer and/	or Director (Flo	rida nonpro	ofit corporati	ons must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip			
٧	BECCIA, M	IA, MAUREEN 8675 S ROCK PT				FLORAL CITY FL 34436					
P	Jack Bartz				411 Roosevelt Ave			Masaryki Floral (Town,1	=L 34604	
T	David Beccia				86755. ROCKP+			Floral C	PITYFL	-34436	
5	Pati Bartz			<u>></u>	411 Roosevelt Ave			MasaryEt	own,	FL 1604	
								90	 000920: 02=-01086=-01	9439	,
									3,000		
8. Name and Address of Current Registered Ager											
BECCI	A MANIDEES	M					Name				
BECCIA, MAUREEN 8675 SOUTH ROCK POINT				Street Address (P.O. Box Number i			r is Not Acceptable)				
FLORAL CITY FL 34436			<u> </u>								
						L					
							City			State Zip (Dode

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 MarienRBAZIAUIRED

Date ___

11-22-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beccia

11-22-02

Daytime Phone #

CR2E040