

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 20 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000006987

1. Corporation Name

HERNANDO CABINET AND DESIGN CENTER
INC.

2. Principal Office Address

300 W. JEFFERSON ST.

Suite, Apt. #, etc.

3. Mailing Office Address

300 W. JEFFERSON

Suite, Apt. #, etc.

City & State

BROOKSVILLE FLA.

City & State

BROOKSVILLE FLA.

Zip

34601

Country

Zip

34601

Country

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/25/99

5. FBI Number

59-3554867

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BECCIA, MAUREEN

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

8675 SOUTH ROCK PT.

Suite, Apt. #, Etc.

900027621789

01/26/04--01092--009 **908.75

City

FLORAL CITY

State

FL

Zip Code

33436

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Maureen Beccia
REGISTERED AGENT MUST SIGN

Date 01-20-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	BECCIA, MAUREEN	8675 S. ROCK PT.	FLORAL CITY, FLA. 34436
P	BARTZ, JACK	411 ROOSEVELT AVE.	MASARYKTOWN FLA. 34604
T	BECCIA, DAVID	8675 S. ROCK PT.	FLORAL CITY, FLA. 34436
S	BARTZ, PATI	411 ROOSEVELT AVE.	MASARYKTOWN FLA. 34604

10. 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:

Maureen Beccia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-04

Date

Daytime Phone #

CR2001 (10/02)