

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 AM 11:40

DOCUMENT # P99000037410

1. Corporation Name

Fenter's Custom Cabinets, Inc

2. Principal Office Address

994 N. Barfield

Suite, Apt. #, etc.

Unit 21

City & State

Marco Island

Zip

34145

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

3

Country

REINSTATEMENT 00-00

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

4-26-99

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Philip Fenter

800004726258-1

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

1408 Trinidad Ave

12/14/01 01887-029

*****900.00 *****900.00

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

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

P. J. Fenter

Date 11/30/01

REGISTERED AGENT MUST SIGN

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
<u>D.</u>	<u>Philip Fenter</u>	<u>1408 Trinidad Ave</u>	<u>Marco Island FL 34145</u>

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:

P. J. Fenter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/01

Date

(941) 269-9238

Daytime Phone #