

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037410

1. Corporation Name

FENTER'S CUSTOM CABINETS, INC.

Principal Place of Business

Mailing Address

524 INDUSTRIAL BLVD.  
SUITE EZ  
NAPLES FL 34104

524 INDUSTRIAL BLVD.  
SUITE EZ  
NAPLES FL 34104

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

REINSTATEMENT



000025257070  
12/05/03--01043--027 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

04/26/1999

5. FEI Number

NOT APPLICABLE

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
D	FENTER, PHILIP	1408 TRINIDAD AVE	MARCO ISLAND FL 34145

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FENTER, PHILIP  
1408 TRINIDAD AVE  
MARCO ISLAND FL 34145

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

12/2/03

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

12/2/03

Daytime Phone #

239-269-4238

CR2040 (7/03)

## **Fenter's Custom Cabinets**

Fine Cabinetry and Millwork

524 Industrial Blvd.

Naples, Florida 34104

941-269-4238

941-261-6588 fax

To: Whom it may concern.

I wish to have the re-instatement fee for Fenter's Custom Cabinets waived. I have been out of the state for the last several months. Prior to departing and before the deadline I filed a UBR via the Sunbiz website. I paid with my American Express.

Upon my return I received this cancellation letter. I went back and found the credit card was never charged and my business dissolved.

Find enclosed this letter and a check for \$150.00 to make my company current.

Thank you,

Philip Fenter  
President Fenter's Custom Cabinets

