

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000109402

1. Corporation Name

GOLDEN RULE CABINETRY, INC.

Principal Place of Business

8065 12TH AVE. SOUTH
ST. PETERSBURG FL 33707

Mailing Address

8065 12TH AVE. SOUTH
ST. PETERSBURG FL 33707

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.

2852 47th Ave N

Suite, Apt. #, etc.

2852 47th Ave N

City & State

St Pete Fla

City & State

St Pete Fla

Zip

33714

Country

U.S.A.

Zip

33714

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2000

5. FEI Number

59-3612973

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	PITTS, STEPHEN J	8065 12TH AVE. SOUTH	ST. PETERSBURG FL 33707
PSD	PITTS, STEPHEN J	8065 12TH AVE. SOUTH	ST. PETERSBURG FL 33707

8. Name and Address of Current Registered Agent

PITTS, STEPHEN J
8065 12TH AVE. SOUTH
ST. PETERSBURG FL 33707

9. Name and Address of New Registered Agent

Name

Pitts Stephen J

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

2852 47th Ave N

Suite, Apt. #, Etc.

City

St Pete

State

FL

Zip Code

33714

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-21-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Pitts 10-21-02 727-224 355

Date

Daytime Phone #

CH2E040 (8/02)