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APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED

98 JUL 31 PM 4:08

(Read Instructions on Other Side Before Making Entries)
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # S63734**

PLG CUSTOM CABINETS & WOODWORK, INC
4701 N. HESPERIDES ST
TAMPA, FLORIDA 33614

2. If Address in Block 1 is incorrect, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

REINSTATEMENT 93-98

3. Date Incorporated or Qualified To Do Business in Florida

6/28/91

4. FEI Number

59-3073131

FEI Number Applied For

FEI Number Not Applicable

5.

\$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	GONZALEZ, PEDROLUIS	6917 W.comanche ave	Tampa, FL 33634
S/T/D	GONZALEZ, LUISA C.	6917 W. COMANCHE Ave	Tampa, FL 33634

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REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

GONZALEZ, PEDROLUIS
4701 N. Hesperides st
Tampa, FL 33614

8. Name and Address of New Registered Agent and/or Office

Name

GONZALEZ, PEDROLUIS

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

4701 N.Hesperides St

City and State

Tampa

FL.

Zip

33614

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Luisa R. Gonzalez
REGISTERED AGENT MUST SIGN

Date **7/30/98**

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Robert G. Gifford

Date **7/30/98**

Daytime Phone # **(813) 879-8980**

CR20040 (8/92)