

**2018 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P17000018383

**Entity Name:** CUMBERLAND CABINET AND DESIGN, INC.

**Current Principal Place of Business:**

11130 FALLGATE POINT COURT  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

11130 FALLGATE POINT COURT  
JACKSONVILLE, FL 32256 US

**FEI Number: 82-0649555**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GILLETTE, SHELDON ANNE  
11130 FALLGATE POINT COURT  
JACKSONVILLE, FL 32256 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: SHELDON ANNE GILLETTE**

**11/30/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR, OWNER,  
                    CFO  
Name            GILLETTE, SHELDON ANNE  
Address        11130 FALLGATE POINT COURT  
City-State-Zip: JACKSONVILLE FL 32256

Title            OWNER, CEO  
Name            GILLETTE, MALCOLM ANTHONY  
Address        11130 FALLGATE POINT COURT  
City-State-Zip: JACKSONVILLE FL 32256

Title            TS  
Name            KAIN, AMBER  
Address        11130 FALLGATE POINT COURT  
City-State-Zip: JACKSONVILLE FL 32256

Title            OWNER, COO  
Name            BARBER, JOHN CHARLES  
Address        583 ASHCROFT LANDING DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SHELDON ANNE GILLETTE**

**PRESIDENT, DIRECTOR,    11/30/2018  
OWNER, CFO**

Electronic Signature of Signing Officer/Director Detail

Date