

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 NOV -4 PM 12: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000100806**

1. Corporation Name

**KABINET MASTERS, INC.**

Principal Place of Business

865 35TH CT. SW  
VERO BCH FL 32962

Mailing Address

865 35TH CT. SW  
VERO BCH FL 32962

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/2001

5. FEI Number

65-1150325

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HOKE, JEFFERY	821 SPRINGDALE CIR. 2838 SW VICTORIO ST.	PALM SPRINGS FL 33461 PART ST. LUCIE, FL 3953

800024411548  
11/04/03--01045--003 \*\*150.00

8. Name and Address of Current Registered Agent

HOKE, JEFFERY A  
865 35TH CT. SW  
VERO BCH FL 32962

9. Name and Address of New Registered Agent

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 10/20/03

11. I certify that I am an officer or director of 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

Daytime Phone #

10/20/03 561-248-5554

CR2E040 (7/03)

# **KABINET MASTERS, INC.**

865 35th Ct. S.W.

Vero Beach, Fl. 32962

Phone: (772) 978-7810 Fax: (772) 794-4714

October 20, 2003

Division of Corporations

P.O. BOX 6327

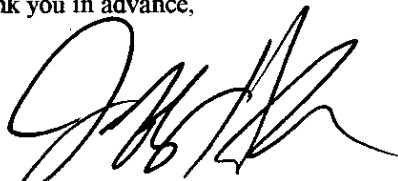
Tallahassee, Fl. 32314-6327

To Whom It May Concern:

Enclosed please find a check in the amount of One hundred and fifty dollars and our application for reinstatement.

To date this is the only notification I have received of corporate renewal. Due to not receiving either of the original two (UBR) notices, please accept this original fee of \$ 150.00 as payment in full for our renewal.

Thank you in advance,



Jeffrey Hoke