

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 NOV -8 PM 2: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000088424**

1. Corporation Name

**FINAL TOUCH DEVELOPMENT CORP.**

Principal Place of Business

Mailing Address

2002 ALAFIA OAKS  
VALRICO FL 33594

2002 ALAFIA OAKS  
VALRICO FL 33594



**REINSTATEMENT 2001**

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

4. Date Incorporated or Qualified To Do Business in Florida

10/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3604595

Applied For

Not Applicable

City & State

City & State

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
DPT	CHENOWETH, RAYMOND	2002 ALAFIA OAKS	VALRICO FL 39594
DVS	FOMUKE, RICHARD	3413 PENDLETON WAY	LAND O' LAKES FL 34639

200004706602--0  
-12/05/01--01072--017  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAXON, BERNICE S ESQ  
101 E KENNEDY BLVD STE 3200  
TAMPA FL 33602

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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.

Signature of Registered Agent

*[Handwritten Signature]*

Date

REGISTERED AGENT MUST SIGN

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01  
Date

813-267-6892  
Daytime Phone #

CR2040 (8/01)