

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 JAN 28 AM 8:40

DOCUMENT # 268350

1. Corporation Name

FINE SALES CORP OF FLORIDA

2. Principal Office Address - No P.O. Box #

7141 NW 70TH TER

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND, FL

City & State

Zip

Country

33067

USA

Zip

Country

CR2E0B1 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/63

5. FEI Number

59-0999825

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS J. IRVINE

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

7141 NW 70TH TERRACE

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33067

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/19/16

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	THOMAS J. IRVINE	7141 NW 70TH TERRACE	PARKLAND, FL 33067
DS	TAYLOR IRVINE	7141 NW 70TH TERRACE	PARKLAND, FL 33067
REINSTATEMENT			
2013-2016			

10. E-mail Address: THOMAS IRVINE @ AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/16

Date

Daytime Phone #