

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 SEP 21 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 825202

1. Corporation Name

FINALCO, INCORPORATED

Principal Place of Business

Mailing Address

1301 WEST NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL. 33442

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

10/16/70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

52-0894101

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
CD	HAROLD L. VAN ARNEM	1301 W. NEWPORT CTR. DR.	DEERFIELD BEACH, FL. 33442
PD	N. PHILIP MCKNIGHT	1301 W. NEWPORT CTR. DR.	DEERFIELD BEACH, FL. 33442
1/S	JULIA M. DECKER	1301 W. NEWPORT CTR. DR.	DEERFIELD BEACH, FL. 33442
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

N. PHILIP MCKNIGHT
1301 W. NEWPORT CTR. DR.
DEERFIELD BEACH, FL. 33442

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.

Signature of
Registered Agent

N. Philip McKnight
REGISTERED AGENT MUST SIGN

Date

9/10/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIA M. DECKER, TRS./SECRETARY

Date

9/10/99

Daytime Phone #