

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

10/2

98 SEP 15 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K43261

1. Corporation Name

The Finko Group, Inc.

Principal Place of Business

Mailing Address

2055 N. Dale Mabry Hwy. P.O. Box 25336
Tampa, FL 33607 Tampa, FL 33622

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
2055 N. Dale Mabry Hwy

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2815825

Applied For

Not Applicable

City & State

City & State

Tampa, FL

Zip

Country

Zip

33607

Country

USA

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
P/D	Barry M. Finkel	2055 N. Dale Mabry Hwy	Tampa, FL 33607

10-15-98

100002639871-0

8. Name and Address of Current Registered Agent

Steven M. Platau
4307 W. Sevilla St.
Tampa, FL 33629

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/9/98

11. This corporation owes or has paid 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

Barry M. Finkel

9/9/98

Date

813-875-9928

Daytime Phone #

CR2E040 (1-98)



ACCOUNT NO. : 072100000032

REFERENCE : 961727 12075A

AUTHORIZATION : *Patricia Pizut*

COST LIMIT : \$ 908.75

ORDER DATE : September 15, 1998

ORDER TIME : 11:0 AM

ORDER NO. : 961727-005

CUSTOMER NO: 12075A

CUSTOMER: Steven M. Platau, Esq
Steven M. Platau, Pa
4307 Sevilla Street

Tampa, FL 33629-8436

DOMESTIC FILINGS

NAME: THE FINKO GROUP, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith
EXAMINER'S INITIALS *JS*

9-15-98

RECEIVED
98 SEP 15 PM 12:10
DIVISION OF CORPORATION

2012