PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 NOV 26 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000053120

1. Corporation Name
VIVFAUX GETTABLE FAUX FINISHING, Inc

2. Principal Office Address	3. Mailing Office Address
7211 N. LEEWYNN DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL.	City & State
Zip: 34240 Country: SARASOTA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6-1-00

5. FEI Number: 65-0158710 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: WILLIAM G. LAMBRECHT

Street Address (P.O. Box Number is Not Acceptable): 200 S. ORANGE AVE

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34236

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: William G. Lambrecht Date: 11-25-02
REGISTERED AGENT MUST SIGN

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
P/D	MICHELE HELD	7211 N. LEEWYNN DR	SARASOTA FL. 34240
S/D	RICHARD HELD	7211 N. LEEWYNN DR	SARASOTA FL. 34240
D	STEPHEN D. SPANGLER	2381 FRUITVILLE RD	SARASOTA FL 34237

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11/26/02--01060--008 **150.00

10. 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: 11-24-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11-15-02 vol2

Florida Department of State

We moved in July of 2001 and did not receive any information regarding reinstatement / VOR

Thank You

Michelle Held
unforgettable
Michelle Held
941 376 1526

Please note: you have wrong address and wrong last name
Hills - Held