

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000053120

1. Corporation Name

UNFAUXGETTABLE FAUX FINISHING, INC.

Principal Place of Business

Mailing Address

7211 N. LEEWYNN DR.
SARASOTA FL 34236

7211 N. LEEWYNN DR.
SARASOTA FL 34236

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/2000

5. FEI Number

65-1015870

Applied For

Not Applicable

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	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HELD, MICHELE	7211 N. LEEWYNN DR.	SARASOTA FL 34236
SD	HELD, RICHARD	7211 N. LEEWYNN DR.	SARASOTA FL 34236
D	SPANGLER, STEPHEN D	2381 FRUITVILLE RD.	SARASOTA FL 34237

8. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G
200 S. ORANGE AVENUE
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name STEPHEN D. SPANGLER

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

2381 Fruitville Rd

Suite, Apt. #, Etc.

Sarasota

City

Sarasota

State

FL

Zip Code

34237

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/25/03

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:

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

Richard Held

Date

Daytime Phone #

2-7-cy 941-3764526