PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Kat Sec	EPARTMENT C therine Harris cretary of State on of corporation				FILED	
DOCUMENT # PODDOOD S6412 1. Corporation Name Poddood S6412 The Finney Group, Inc				02 MAY -6 AM II: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA 8000055982187 -05/22/0201059014			
2. Principal Office Address/ 26/2 89Th St. WW Suite, Apt. #, etc.	Suite, Apt. #, etc	8979 51.	N.W	4. Date Incorpo To Do Busine	rated or C	*****300.00 ** Qualified 6/12/00	**900.00
Bradenton Zip Country 34209 Manatee	City & State Bradewton Actee 34209 Country Marwatee 7. Name and Address of Current Register			5. FEI Number 65 018 85 2 - Not Applicable CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
Name Michael V. Fieuwey Street Address (P.O. Box Number is Not Acceptable) 26/2 89 St. NW Suite, Apt. #, Etc. City Bradenton State Zip Code FL 34209							
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 Plantage Facility Registered Agent Registered Register							
Names and Street Addresses of Each Office Name of Officers and/or Dire	rida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director			City / State / Zip			
Pres Michael V. Fi ViaPres Jacquelyn M. Vice Pres Shelly A Gran	2612 89th St NW 2612 89th St. NW 2612 89th St. NW			Bradenten, FL 34209 Bradenten, FL 34209 Bradenten, FC 34209			
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 form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated							
owed by the corporation have been paid and the names of individuals have the same legal effect as if made under cath. on this application is true and accurate, and my signature shall have the same legal effect as if made under cath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Deviation 14-761-0767							