

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 # **P01000012270**

1. Corporation Name

**D.C.'S FINISHING TOUCH, INC.**

Principal Place of Business

Mailing Address

**6861 CODY STREET  
HOLLYWOOD FL 33024**

**6861 CODY STREET  
HOLLYWOOD FL 33024**

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

**02/01/2001**

5. FEI Number

**65-1097306**

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(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>D</b>	<b>CORSO, DAVID C</b>	<b>6861 CODY STREET</b>	<b>HOLLYWOOD FL 33024</b>

**300024055923  
10/23/03--01083--007 \*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CORSO, DAVID C  
6861 CODY STREET  
HOLLYWOOD FL 33024**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**10/18/03**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/18/03 954-214-1750**

CR2E040 (7/03)

**October 18, 2003**

**Florida Department of State  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida  
30314-6327**

**RE: Document #P01000012270  
D. C'S Finishing Touch Inc.**

**Attention: Glenda E. Hood**

**To Whom It May Concern**

**Enclosed please find check in the amount of 150.00 (one  
Hundred fifty dollars) for the 2003 Corporation Annual  
Report/Uniform business report.**

**Please accept my apology for being late remitting check  
As we have not received any prior Uniform Business  
Reports (UBR) before this one dated September 19, 2003.**

**Sincerely;**



**D.C'S Finishing Touch Inc  
David C. Corso, President**