PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMENT OF STATE **Glenda E. Hood** Secretary of State DIVISION OF CORPORATIONS | FILED 03 DEC 17 AM 8:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # P01000017212

1. Corporation Name

FINAL SALES AND SERVICE, INC.

REINSTATEMENT 23

Principal Place of Business	Mailing Address
12284 SW 1 STREEET CORAL SPRINGS FL 33071	8614 STATE RD 84 FORT LAUDERDALE FL 33324

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	4. Date Incorporated or Qualified To Do Business in Florida	
10348 NW 55th St.	10348 NW 55th St.	02/14/2001	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State Sunrise, FL	City & State Sunrise, FL	65-1097237	Not Applicable
Zip 33351	Country Broward	Zip 33351	Country Broward	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MAURI, AL	12284 SW 1ST	POMPANO BEACH FL 33071
			4000255560964 12/17/03--01058--003 **450.00
			4000255560964 12/17/03--01058--004 **300.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MAURI, ALBERTO 12284 SW 1 STREEET CORAL SPRINGS FL 33071	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City	State FL	Zip Code

CR2E040 (7/03)

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 _____
REGISTERED AGENT MUST SIGN

Date *Dec. 10-2003*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto. Mauri

Date *Dec. 10-2003* 954 709 1374

Daytime Phone #