

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

04 MAR 16 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017798

1. Corporation Name **THE SAVANNAH FINISHERS, INC.**

2. Principal Office Address

1203 NW 63 AVE,

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

Zip

33024

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **02/15/2001**

5. FEI Number

651079348

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

ANDRES SALOMON PICHARDO

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

1203 NW 63 AVE.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

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

[Signature]
REGISTERED AGENT MUST SIGN

**PRESIDENT.
OWNER**

Date

02-28-2004

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
V. Pres.	JASSER S. PICHARDO	1203 NW. 63 AVE.	HOLLYWOOD, FL. 33024

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:

JASSER S. PICHARDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2004

Date

(954) 894-7573

Daytime Phone #

CR2E061 (3/00)