

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 -9 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110047

1. Corporation Name

FLORIDA'S FINEST SERVICES, INC.

Principal Place of Business

5079 N. DIXIE HWY
#129
OAKLAND PARK FL 33334

Mailing Address

5079 N. DIXIE HWY
#129
OAKLAND PARK FL 33334

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2001

5. FEI Number

APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PELUSO, MICHAEL A	P.O. BOX 11535	FT. LAUDERDALE FL 33339

100025346741
12/09/03--01038--003 **150.00

8. Name and Address of Current Registered Agent

PELUSO, MICHAEL A
2841 N. OCEAN BLVD.
#303
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

Michael A. Peluso

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

5079 N Dixie Hwy

Suite, Apt. #, Etc.

#129

City

OAKLAND PARK

State

FL

Zip Code

33334

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

Michael A. Peluso

REGISTERED AGENT MUST SIGN

Date

11/29/03

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:

Michael A. Peluso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/29/03

Daytime Phone #

CR2E040 (7/03)

From: Michael A. Peluso

To Whom It May Concern:

As discussed with someone there a few weeks ago, we recently received a " Notice of Administrative dissolution or Revocation" although we had never received a renewal.

The person at your office I had spoken to said that for some reason the renewal was returned back to you for non-service.

The person also stated to me to send this letter along with \$150.00 to renew.

Thank you


Michael A. Peluso