

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 JAN 26 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000119313

1. Corporation Name

Final Trim Finishings Inc.

2. Principal Office Address

1108 N. Fardon Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1108 N. Fardon Blvd.

Suite, Apt. #, etc.

City & State

Crestview, FL

City & State

Crestview, FL

Zip

32530

Country

USA

Zip

32530

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Eric Lewis

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

6901 LeeCook rd.

Suite, Apt. #, Etc.

City

Baker FL

State

FL

Zip Code

32531

700027545997
01/26/04--01016--015 **458.75

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]

Date

1-21-04

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Eric Lewis</u>	<u>6901 LeeCook rd.</u>	<u>Baker, FL 32531</u>
<u>V, S</u>	<u>Amy Harrill</u>	<u>6901 LeeCook rd.</u>	<u>Baker, FL 32531</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04

Date

(850)
689-1090

Daytime Phone #

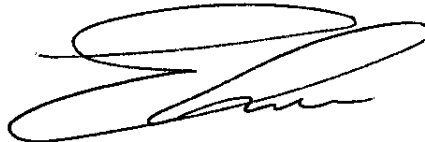
CR2E081 (10/02)

To whom it my concern,

1/21/04

We are very sorry to inform you that we have not recieved a Business Uniform for the years of 2002, 2003, and 2004. We were not aware of this being that we are a new business. Our accountants brought our attention to this situation , and we intend to fix the problem ASAP. If it is possible to drop our charges for the last years that would be much appreciated. Again we apologize for the mix-up, and thank you for your time.

*Finale Trims Finishings Inc.
Owner: Eric Lewis*

A handwritten signature in black ink, appearing to be 'Eric Lewis', with a large, stylized initial 'E'.