

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 OCT 20 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001939

Corporation Name

* &G FINNO INC.

Principal Place of Business

Mailing Address

103 NW 15TH ST.
MARGATE FL 33063-2379

6103 NW 15TH ST.
MARGATE FL 33063-2379



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

N/A
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2002

5. FEI Number

02056 0515

Applied For

Not Applicable

City & State

N/A

City & State

Zip

Country

Zip

Country

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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
1. Pres		TONY FINNO		6103 N.W. 15 TH STREET		MARGATE FL 33063

600023957746
10/20/03--01057--028 **150.00

8. Name and Address of Current Registered Agent

FINNO, GLORIA
6103 NW 15TH ST.
MARGATE FL 33063-2379

9. Name and Address of New Registered Agent

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

Gloria Finno
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/12/03

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:

Gloria Finno
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/03 (954) 971-4969
Date Daytime Phone #

CR2040 (7/03)

October 16, 2003

Fla. Dept. of State
Secretary of State
PO Box 6327
Tallahassee, FL 32314

Dear Secretary:

Per the guidance of one of your Reinstatement Agents, I am writing this letter to document the reason for my late filing.

My previous CPA was primarily responsible for filing the proper paper work for my new company. Since my incorporation, I have had several problems with my previous CPA and have transferred my business activities to a new CPA. He has informed me that my articles of incorporation have been dissolved due to the fact that my annual report was not filed. I never received the annual report and/or my CPA did not provide me with the proper guidance to complete the report and timely file the report. Additionally, my wife has been experiencing sever health problems this year and has contributed to my tardiness. Please accept my apology and use this information to reinstate my articles of incorporation for 2003. I have included a check for \$150.00 for 2003 period.

If you have any questions please call me at (954) 971-4969. Thank you for your anticipated cooperation regarding this matter.

Sincerely,

Gloria Fino, President
T&G Fino, Inc. (P02000001939)
6103 NW 15th Street
Margate, FL 33063