

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

04 JAN -5 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000016062

1. Corporation Name

FIN CON, INC.

Principal Place of Business

3304-1 HANCOCK BRIDGE PKWY  
N FT MYERS FL 33903

Mailing Address

P.O. Box 1565  
3304-1 HANCOCK BRIDGE PKWY  
N FT MYERS FL 33903  
Fort Myers, FL 33902

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

2. New Principal Office Address, If Applicable

2605 Edison Ave

Suite, Apt. #, etc.

Suite 1

City & State

Fort Myers, FL

Zip

33916

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 1565

City & State

Fort Myers, FL

Zip

33902

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/07/2002

5. FEI Number

04-3687034

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ASHMORE, ROBIN	3304-1 HANCOCK BRIDGE PKWY	N FT MYERS FL 33903

000025998500

01/05/04--01051--018 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASHMORE, ROBIN 3304-1 HANCOCK BRIDGE PKWY N FT MYERS FL 33903	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

SIGNATURE OF ROBIN ASHMORE

Date

REGISTERED AGENT MUST SIGN

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

11/10/03

Date

239-995-0272  
Daytime Phone #

CR2E040 (7/03)