

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG -6 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000109581

**1. Corporation Name**

Finishing Touches & Necessary Objects, Inc.

000134031420  
08/06/08--01024--004 \*\*600.00

**2. Principal Office Address - No P.O. Box #**

9858 Clint Moore Rd.

Suite, Apt. #, etc.

C-101

City & State

Boca Raton, FL

Zip

33496

Country

USA

**3. Mailing Office Address**

9858 Clint Moore Rd.

Suite, Apt. #, etc.

C-101

City & State

Boca Raton, FL

Zip

33496

Country

USA

CR2E081 (12/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/10/02

**5. FEI Number**

161633446

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

Gail Packman-Steinberg

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

4289 NW 63<sup>rd</sup> Place

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

*Gail Packman-Steinberg/Pres*  
REGISTERED AGENT MUST SIGN

Date 8/5/08

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---------------------------------------------------|----------------------|
| P/D    | Gail Packman-Steinberg               | 4289 NW 63 <sup>rd</sup> Place                    | Boca Raton, FL 33496 |
|        |                                      |                                                   |                      |
|        |                                      |                                                   |                      |
|        |                                      |                                                   |                      |
|        |                                      |                                                   |                      |
|        |                                      |                                                   |                      |

**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 contained in Chapter 119, 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:**

*Gail Packman-Steinberg/Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/08

Date

561-482-4001

Daytime Phone #