

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 16 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000116503

1. Corporation Name

INTEXT FINISHES, INC.

2. Principal Office Address

2341 NW 30 STREET

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33311

Country

3. Mailing Office Address

2341 NW 30 STREET

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33311

Country

4. Date Incorporated or Qualified

To Do-Business in Florida 10/30/2002

5. FEI Number

47-0896429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04  
000028782390  
02/16/04--01013--011 \*\*900.00

**7. Name and Address of Current Registered Agent**

Name

ROBERT CARBONELL

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

2341 NW 30 STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33311

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]*  
REGISTERED AGENT MUST SIGN

Date 02/09/2004

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     |
|--------|--------------------------------------|---|------------------------|
| PVTS   | ROBERT CARBONELL                     | 2341 NW 30 STREET                                 | FT LAUDERDALE FL 33311 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/2004

Date

954-735-4625

Daytime Phone #

CR2E081 (01/04)