PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 20 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118337

**1.** Corporation Name

Louis Finishing, Inc.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 4033 35th Street No. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: St. Petersburg, DL. | City & State |
| Zip: 33714-3703 / Country: Pinellas | Zip / Country |

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

**5.** FEI Number: 54-2082609 ☐ 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: Scott Fowler

Street Address (P.O. Box Number is Not Acceptable): 44033 35th Street No.

Suite, Apt. #, Etc.:

City: St. Petersburg | State: FL | Zip Code: 33714-3703

**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: 8/31/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

**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 |
|---|---|---|---|
| Pres. | Scott Fowler | 12835 Kellywood Circle | Hudson, Fl., 34669 |
| V.Pres | Louis J. Sharkey, Jr. | 3753 59th Way, No. | St. Petersburg, Fl., 33710 |
| | | | |
| | | 900041221999 09/21/04--01067--001 **150.00 | |
| | | 900041221999 09/21/04--01067--002 **158.75 | |
| | | | |

**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] Scott P. Fowler 8/31/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P5 202

FILED
04 SEP 20 AM 11:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Richard A. Davis
CERTIFIED PUBLIC ACCOUNTANT, P.A.

August 30, 2004

Division of Corporations
PO Box 6327
Tallahassee, FL., 32314.

Dear Sirs:

Please be advised that this is the first notice my client has received. I, therefore, request that the penalty be waived in regard to this matter and have enclosed a check in the amount of $150.00

Thank you for your consideration in this matter.

Very truly yours,

Richard A. Davis CPA

2739 US Hwy 19 • Suite 200 • Holiday, Florida 34691 • (727) 937-1671