

13182

04 SEP 20 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Louis Finishing, Inc.

3. Mailing Office Address

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. NA

Date _____

8/31/00

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT P. FOWLER

Date _____

8/31/04
Date

Daytime Phone #

CR2E081 (01/04)

1
Richard A. Davis

FILED

04 SEP 20 AM 11:32

CERTIFIED PUBLIC ACCOUNTANT, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 202
August 30, 2004

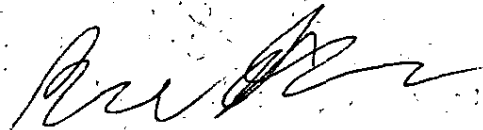
Division of Corporations
PO Box 6327
Tallahassee, FL., 32314.

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