

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000133765

1. Corporation Name

First Finish, Inc.

REINSTATEMENT 03

2. Principal Office Address

2210 South US Hwy 301

3. Mailing Office Address

2210 South US Hwy 301

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33619

Country

US

Zip

33619

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12-23-02

5. FEI Number

06-1667292

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

Ronald D. Cook

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

201 N. Franklin St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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

REGISTERED AGENT MUST SIGN

Date

12/02/03

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
PST	Craig A. Hayes	2207 S. Village Ave.	Tampa, FL 33612

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

Date

12-2-03

Daytime Phone #

813-240-0537

CR2E081 (10/02)

FIRST FINISH, INC.
2210 SOUTH U.S. HIGHWAY 301
TAMPA, FLORIDA 33619
(813)229-2929
(813)740-2900

December 2, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report for 2003 for First Finish, Inc.

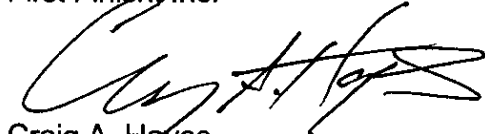
Gentlemen:

It has come to our attention that we never received the Annual Report Form for the above corporation for 2003, and, that the corporation was dissolved by administrative action for failure to file.

Please find enclosed a completed Corporation Reinstatement Form for our company and our check for \$150.00, the Annual Report fee. We are asking that the Reinstatement Fee be waived inasmuch as we never received the Annual Report Form from the State.

Thank you for your attention in this matter

First Finish, Inc.



Craig A. Hayes
President