

2006 FOR PROFIT CORPORATION REINSTATEMENT

10P2

DOCUMENT # P03000060244	
1. Entity Name FLORIDA FINESSE - PROPERTY & HOME MANAGEMENT, INC.	



FILED
06 DEC -5 PM 3:37
SECRETARY OF STATE
PALM SPRING, FLORIDA

Principal Place of Business 1009 OAK POND DRIVE KISSIMMEE, FL 34747	Mailing Address 1009 OAK POND DRIVE KISSIMMEE, FL 34747
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2. Principal Place of Business FOUR CORNERS PLAZA Suite, Apt. #, etc. 9726 U.S. HWY 192	3. Mailing Address 8016 TIBET BUTLER DR. Suite, Apt. #, etc.
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City & State CLERMONT FLORIDA	City & State WINDERMERE
Zip 34711	Country POLK.
Zip 34786	Country BRANKE



4. FET Number 74-3099879	Applied For Not Applicable
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6. Name and Address of Current Registered Agent O'BRIEN, PETER 1009 OAK POND DRIVE KISSIMMEE, FL 34747	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Peter O'Brien VICE PRESIDENT / PETER O'BRIEN 11/26/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, PETER 8016 TIBET BUTLER DRIVE WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500082286735 12/05/06--01023--006 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with authority like empowered.

SIGNATURE: Peter O'Brien PETER O'BRIEN 11/26/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell DEC - 5 2006

2092

Peter O'Brien
Florida Finesse Property
& Home Management, Inc.
8016 Tibet Butler Drive
Windermere, FL 34786

November 26, 2006

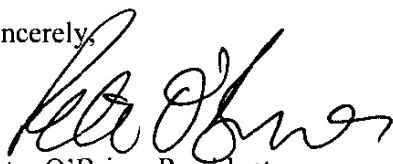
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Please find attached 2006 For Profit Corporation Reinstatement Report for Florida Finesse – Property & Home Management, Inc. On March 21, 2005, the Uniform Business Report was filed for my company, along with a check in the amount of \$150.00. The check was subsequently cashed; however, the report was not processed. This resulted in my corporation being administratively dissolved. In contacting the Department of State, I was notified that the report was returned for my business Employer ID number. The number has been added to the form and a check enclosed in the amount of \$150.00. I would like to ask that the penalties for reinstatement be waived.

Thanks for your assistance with this matter. Feel free to contact me on 407-361-7057 if you have any questions.

Sincerely,



Peter O'Brien, President
Florida Finesse – Property & Home Management, Inc.