

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 10 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



10212004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000151611

1. Entity Name
DAN'S FINE FINISH, INC.



Principal Place of Business
10055 GULF BEACH HWY
PENSACOLA, FLORIDA, FL 32507

Mailing Address
10055 GULF BEACH HWY
PENSACOLA, FLORIDA, FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0462191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN PHARR CPA, LLC
1306 E CEREVANTES STREET
F
PENSACOLA, FL 32501

Name

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

City

FL

Zip Code

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

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, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LALIBERTE, DANIEL A
STREET ADDRESS 1055 GULF BEACH HWY
CITY-ST-ZIP PENSACOLA, FL 32507

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200042355762
11/01/04--01061--004 **150.00

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

DAN LALIBERTE *Dan Laliberte*

10/21/04

850-221-3538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #