



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Nov 09, 2006 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT-# P04000023260</b> 1. Entity Name <b>PRO-FINISH SERVICES, INCORPORATED</b>					
Principal Place of Business <b>4872 TAMPA DOWNS BLVD</b> <b>LUTZ, FL <del>33549</del></b>			Mailing Address <b>4872 TAMPA DOWNS BLVD</b> <b>LUTZ, FL <del>33549</del></b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold;">D6</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>11072006</span> <span>REIN-P</span> <span>CR2E098 (11/05)</span> </div>	
City & State		City & State			
Zip <b>33559</b> Country		Zip <b>33559</b> Country			
4. FEI Number <b>20-0587020</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 1.2em;">             6. Name and Address of Current Registered Agent           </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>LAWSON, MONICA ZIMMER</b>  <b>2403 STATE ST</b>  <b>TAMPA, FL 33609</b> </div>	
7. Name and Address of New Registered Agent					
Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TAVLAN, ERCAN</b> <b>4872 TAMPA DOWNS BLVD</b> <b>LUTZ, FL <del>33549</del></b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>33559</b>	
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  <b>700081660127</b> <b>11/09/06--01036--018 **150.00</b>	
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	
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	
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	
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	
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 all other like empowered.					
<b>SIGNATURE:</b>  <b>11/10/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					