## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FINE INSTALLATION SERVICES, INC  2. Principal Office Address: No P.O. Box # 18616 NE 18 AVE  18616 NE 18 AVE  3. Mailing Office Address NE 18 AVE  190	CORPORATION REINSTATEMENT  POCUMENT # P04000103838  Corporation Name						FILED  07 FEB 12 AM II: 51  SECRETARY OF STATE TALLAHASSEE, FLORIDA			
18616 NE 18 AVE   Suite, Apt. #, etc.   119	FINE INSTALLATION SERVICES, INC						400088710444 02/19/0701020008 **458.75			
City & State MIAMI, FL.  Country  Country  USA  So FEI Number  201360860  Applied For Not Applicable For Extra Trus DESIRED  333179  7. Name and Address of Current Registered Agent  VICTOR D PEREZ  Street Address (P.O. Box Number is Not Acceptable)  18616 NE 18 AVE  Street Address (P.O. Box Number is Not Acceptable)  119  City  MIAMI  State  22,500  Registered Agent  Reg	2. Principal Office Add 18616 NE	3. Mailing Office Add 1861	18616 NE 18 AVE			A CREE	ENT OF	-07		
City A State MIAMI, FL.  20 33179  Country USA  33179  Country USA  7. Name and Address of Current Registered Agent  Name  VICTOR D PEREZ  Street Address (P.O. Box Number is Not Acceptable)  18616 NE 18 AVE  Sulfe, Apt. 4f, Etc.  119  City MIAMI  State  Tell's period and composition, me familiar with and accept the obligations of section 607,0805 or 817,0803, F.S.  Signature of Registered Agent  Tell's period of Country of Co						A Data Incompensated as Qualified				
The state and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  VICTOR D PEREZ  Street Address (P.O. Box Number is Not Acceptable)  18616 NE 18 AVE  Suite, Apl. #, Etc.  119  City  MIAMI  Suite  23,53979  8. 1, being appointed the registered agent with a discount of the composition of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent  Registered Address of Each Officer and/or Director; Street Address of Each Officer and/or Director; Street Address of Each Officer and/or Directors  18616 NE 18 AVE #119  MIAMI, FL. 33179  10. I critify that I am an efficir or director or the receiver or trustee emprovement to execute this application as provided for in chapter 607 of 617, F.S. I further certly that when filing this reinstatement application, the season for disector or the receiver or this season legal effect as if made under out.  SIGNATURE:  27, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,			,			5. FEI Number 201360860 Applied For				
Name VICTOR D PEREZ  Street Address (P.O. Box Number is Not Acceptable) 18616 NE 18 AVE  Street Address (P.O. Box Number is Not Acceptable) 18616 NE 18 AVE  Sulle, Apt. #, Elc. 119  City MIAMI FL 333179  B. 1, being appointed the regulared rigidal phone named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Registered	Zip Country			_	" USA	6. CERTIFICATE	6. SERVICION OF STATUS DESIDED \$8.75 Additional Fee required			
Sireet Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  119  City  MIAMI  State  Singulare of Registered Agent  RECISIERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director  Officers and/or Directors  18616 NE 18 AVE #119  MIAMI, FL. 33179  10. Lordify that I am an officer or director or the receiver or trustee empowered to execute this application, the reson for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.050 for 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, 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 outh.  SIGNATURE:  3. Singulare of Registered Agent  129  138616 NE 18 AVE #119  MIAMI, FL. 33179  10. Lordify 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 substatement application, the reason for dissolution has been eliminated, the corporation have been paid and the names of individuals lated on this form do not qualify for an exemption contained in Chapter 119, 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 outh.					<del>.</del>	l.			or oracles	
Suite, Apt. #, Etc.  119  City  MIAMI  State  Technique and requisiting the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  8. 1, being appointed the registered agent to 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  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 Director  Officer and/or Director  NETURE  18616 NE 18 AVE #119  MIAMI, FL.33179  10. Lordity 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 senistatement application, the reason for dissolution has been eliminated, the corporation ames astifies 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 contained in Chapter 119, 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 outh.  202/05/2007  788-653-4082	Name VICTOR D PEREZ									
City MIAMI  8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 817,0503, F.S.  Signature of Registered Agent  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 Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PRES VICTOR D PEREZ 18616 NE 18 AVE #119 MIAMI, FL.33179  10. L'eartify 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 resson for dissolution has been eliminated, the corporate name satisfies the requirements of 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals issed on this form do not qualify for an exemption contained in Chapter 119, 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: 02/05/2007 788-553-4082	Street Address (P.O. Box Number is Not Acceptable) 18616 NE 18 AVE					the prior notices. By checking this box, you				
St. 1, being appointed the registered agent of tax above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.    Signature of Registered Agent   Registered agent of tax and the second section for the second for the second factor of th	Suite, Apt. #, Etc. 119						received and requesting the reinstatement			
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Titles Officers and/or Directors  Street Address of Each Officer and/or Director  PRES VICTOR DPEREZ  18616 NE 18 AVE #119  MIAMI, FL.33179  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 filling 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 contained in Chapter 119, 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 of	Stator Pere		02/05/2007						
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	SIGNATURE:	SIGNATURALITY TYPER OR DO	THATED NAME OF SIGNING	OFFICER O		02/05/2007				