

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 12 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000103838

1. Corporation Name

FINE INSTALLATION SERVICES, INC

2. Principal Office Address - No P.O. Box #

18616 NE 18 AVE

Suite, Apt. #, etc.

119

City & State

MIAMI, FL.

Zip

33179

Country

USA

3. Mailing Office Address

18616 NE 18 AVE

Suite, Apt. #, etc.

119

City & State

MIAMI, FL.

Zip

33179

Country

USA

400088710444
02/19/07--01020--008 **458.75

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/2004

5. FEI Number

201360860

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

VICTOR D PEREZ

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

18616 NE 18 AVE

Suite, Apt. #, Etc.

119

City

MIAMI

State

FL

Zip Code

33179

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Victor Perez

REGISTERED AGENT MUST SIGN

Date **02/05/2007**

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
PRES	VICTOR D PEREZ	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 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 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:

Victor Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/2007

Date

786-553-4082

Daytime Phone #