

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

FILED

09 OCT 14 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO6000055713

1. Corporation Name

Finishing Touch by Cindy Corp.

**REINSTATEMENT 2009**

CR2E081 (12/08)

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

9 Sleepy Hollow Trail

Suite, Apt. #, etc.

3. Mailing Office Address

9 Sleepy Hollow Trail

Suite, Apt. #, etc.

City & State

Palm Coast FL.

Zip

32164

Country

USA

City & State

Palm Coast FL.

Zip

32164

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

April 2006

5. FEI Number

03-0588408

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

Cynthia J. Brantley

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

9 Sleepy Hollow Trail

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

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

Cynthia J. Brantley  
REGISTERED AGENT MUST SIGN

Date 10-6-09

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.	CINDY BRANTLEY	9 Sleepy Hollow Trail PALM COAST, FL. 32164	Palm Coast, FL. 32164
			300161719743
			10/14/09--01045--012 **150.00

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:

Cynthia J. Brantley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-09

Date

964-338-

Daytime Phone #

1041

JC 10/15