PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -5 AM 8:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000015385

1. Corporation Name
Finlayson Enterprises, Inc.

400028411264
02/09/04--01047--008 **300.00

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1802 Beck Ave.	1802 Beck Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, FL	City & State: Panama City, FL
Zip: 32405 Country: USA	Zip: 32405 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-28-92

5. FEI Number: 59-3167888 ☐ 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: Charles S. Isler III

Street Address (P.O. Box Number is Not Acceptable): 434 Magnolia Ave

Suite, Apt. #, Etc.: C

City: Panama City | State: FL | Zip Code: 32402

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: Charles S. Isler III Date: 1-28-04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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.	Carolyn P. Finlayson	115 E. Lakeshore Dr.	Panama City Bch, FL 32413
s/t	James A. Finlayson III	115 E. Lakeshore Dr.	Panama City Bch, FL 32413

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 under section 119.07(3)(i), 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: James A. Finlayson III James A. Finlayson III 1-28-04 (850) 785-7853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1802 Beck Avenue
Panama City, FL 32405
Phone (850) 785 7953
Fax (850) 785 1360
Email cfenterprises@knology.net

FINLAYSON ENTERPRISES, INC.

January 30, 2004

Florida Department of State
Division of Corporations

Dear Sir or Madam:

RE: Doc#P92000015385

Upon speaking to someone at your office I was advised to send an explanation of why our 2003 filing wasn't made and upon filing a reinstatement form with a check for $300.00 Finlayson Enterprises, Inc. would be reinstated. We have no record of receiving a 2003 filing form. Our mailing address was changed from P O Box 15446 to our business address of 1802 Beck Avenue Panama City, FL 32405. We failed to notify your department. We apologize for this. If further action is required please advise.

Thank you

James Finlayson