PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 20 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 033404

DOCUMENT # P94000020675

1. Corporation Name
FINITO, INC.

2. Principal Office Address	3. Mailing Office Address
2100 Gulf Blvd.	2100 Gulf Blvd.
Suite, Apt. #, etc. #12	Suite, Apt. #, etc. #12
City & State Belleair Beach, FL	City & State Belleair Beach, FL
Zip 33786 Country USA	Zip 33786 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 03/16/1994

5. FEI Number 59-3244715 ☐ 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: Don B. Weinbren

Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Blvd.

Suite, Apt. #, Etc.: Suite 2700

City: Tampa State: FL Zip Code: 33602

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: Don B. Weinbren REGISTERED AGENT MUST SIGN Date: 12/18/04

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
D/P/S	Michael P. Flynn	2100 Gulf Blvd., #12	Belleair Beach, FL 33786

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: Michael P. Flynn Michael P. Flynn, MD 12/15/04 (727) 593 3295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(((H04000250142 3)))

Florida Department of State

Division of Corporations
Public Access System

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From:
Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)229-6553

JM 94-8670

CORPORATION REINSTATEMENT

FINITO, INC.

Certificate of Status	0
Certified Copy	0
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