

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

FINAL VINYL MANUFACTURERS, INC.

Document #P94000078556

2. Principal Office Address

14097 NW 19 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

14097 NW 19 Ave.

Suite, Apt. #, etc.

City & State

Opa Locka, Florida

City & State

Opa Locka, Florida

Zip

33054

Country

USA

Zip

33054

Country

USA

REINSTATEMENT 95-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/24/94

5. FEI Number

☒ 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

David A. Friedman

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

c/o Fowler White Burnett P.A.

Suite, Apt. #, Etc.

100 SE Third Avenue, Suite 1100

City

Fort Lauderdale

State

FL

Zip Code

33394

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/14/03

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
PTD	Clement S. Dodd	14097 NW 19 Avenue	Opa Locka, Florida 33054
VSD	Norma Dodd	14097 NW 19 Avenue	Opa Locka, Florida 33054

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:

[Signature]

Clement S. Dodd 5/14/03 876/960-1298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

gr 5/25