

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SEP 28 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
SEP 28 PM 1:34

DOCUMENT # P95000072610

1. Corporation Name

MY FINISHING TOUCH CORP.

Mailing Address

1005 S.W. 87TH AVE.  
MIAMI, FL. 33174

Principal Place of Business

14260 S.W. 33 ST.  
MIAMI, FL. 33175

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3336287

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	MARIA E. PEREZ	14260 S.W. 33 ST.	MIAMI, FL. 33174
V-P	TERESA MATAMOROS	14260 S.W. 33 ST.	MIAMI, FL. 33174
S	TERESA VALENZUELA	14260 S.W. 33 ST	MIAMI, FL. 33174
T	MARTHA OLIVA	14260 S.W. 33 ST.	MIAMI, FL. 33174

200041452962

09/29/04--01063--008 \*\*1650.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TERESA MATAMOROS  
14260 S.W. 33 ST  
MIAMI, FL. 33175

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Teresa Matamoros*

Date 9/22/04

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Teresa Matamoros*

TERESA MATAMOROS/V.P.

9/22/04

305-229-0258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (6/94)