PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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P96000065151

1. Corporation Name

FINIS GROUP, INC

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal	Place	٥f	Business

Mailing Address

LVAU LISTO BOCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PO B	0x 90	7067	PO Bo				12%			
Gaine	sville.	FL 32607	GAINES	ville,	FL 3	7607				
•	-,		·				REIN	STATEM	ENT	98-00
If above at	ddresses are	incorrect in any way, line thr					<b></b>			
New Principal Office Address, If Applicable     3. New Mail		ng Office Address, If Applicable			orated or Qualified ness in Florida	2/~/	1996			
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #,	, etc.		5. FEI Numbe		3/2/			
City & State		City & State	City & State		_1	400585		Applied For  Not Applicable		
Only & State	_					6.		\$8.75	Additional Fee required	
Zip		- Country	Zip		_Country_		<u></u>	E OF STATUS DESIRED [	tor a	Certificate of Status
7. Names a	and Street Ad	Idresses of Each Officer and	or Director (Flo	rida nonprof				<del></del>		
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		or	City / State / Zip					
D Listopad, Ivan		)	10230 NW 11th Lane		-2NE	Gainesville	e, FL	32606		
				<del> </del>			7	000030	999	976
			[	•			-01/15/0001001025			
							e ere	***1958	.75	***1058.75
								<del> </del>		
	<u></u>	<del></del>					0 Name and	Address of New Regis	tered Age	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent Name						
Listopad, Ivan			-	Street Address (P.O. Box Number is Not Acceptable)						
GainEsville, FL 32606				-	Suite, Apt. #, Etc.			=		
					-	City			State 2	Zip Code
10. 1, being	appointed th	ne registered agent of the ab	ove named corp	oration, am f	familiar with	and accept the	obligations of Sec	tion 607.0505, F.S.		
Signature o Registered	of Agent	Ivan Lig	stopac	ENT MUST	SIGN			Date/	3/00	2
11. Th	is corpo	oration owes the Personal Prope	current y	ear		Yes	s 🗆 No 🖸		ther side for	or information le tax.)
this rein	istatement ap	officer or director or the receplication, the reason for dissition have been paid and the true and accurate, and my s	olution has been names of individ	n eliminated, Iuals listed c	, the corpora on this form	ate name satisfit do not qualify fo	es me requirement or an exemption ur	S OF SECTION DOV. 040 FO	1017.0401	, r.o., maranices