

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JAN -4 PM 2:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[Handwritten initials]

REINSTATEMENT 98-00

DOCUMENT # **P96000065151**

1. Corporation Name **FINIS GROUP, INC**

Principal Place of Business **PO Box 90067 Gainesville, FL 32607**
 Mailing Address **PO Box 90067 Gainesville, FL 32607**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 8/2/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 593400585	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Listopad, Ivan	10230 NW 11th LANE	Gainesville, FL 32606
			700003099997--6 -01/15/00--01001--025 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Listopad, Ivan 10230 NW 11th LANE Gainesville, FL 32606		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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 Ivan Listopad Date 1/3/00
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Ivan Listopad Date 1/3/00 352-331-4014
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (12/98)