PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

02 WBC

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

FILED
02 OCT 25 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000023243

1. Corporation Name

1ST CLASS FINISH, INC.

Principal Place of Business	Mailing Address
942 MILLSHORE AVE CHULUOTA FL 32766 US	942 MILLSHORE AVE CHULUOTA FL 32766 US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/10/1997

5. FEI Number: 59-3447287 ☐ Applied For ☐ Not Applicable

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 3	City / State / Zip 4
P	STRICKLAND, SHIRLEY D	942 MILLSHORE AVE	CHULUOTA FL 32766
VP	JOHNSON, JUDITH G	2745 MILLS CREEK RD	CHULUOTA FL 32766

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10/25/02--01008--017 **150.00

$ 10/25

8. Name and Address of Current Registered Agent

STRICKLAND, SHIRLEY D
2753 PICKETT DOWNS DR
CHULUOTA FL 32766

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/02)

, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

ature of stered Agent SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10 | 19 | 02

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 s 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 ved 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 this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

NATURE: SIGNATURE REQUIRED Shirley D. Strickland 10/19/02 (407) 365-3082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/19/02

I, Shirley D. Strickland am sending this letter to inform you that I did not receive the UBR letter. Last year the fee was sent in April 2001 and I have no intention of not taking care of this business matter. Please except my Application for Reinstatement on behalf of 1st Class Finish, Inc.

Thankyou,

Shirley D. Strickland