PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE TALLAHASSEE FLORIDA 12 MAY -3 AM II: 47
DOCUMENT # P9900005455 1. Corporation Name Finly & Phillops Salou Inc.		TETIME O MILITORY
Name Paul Find Cylinder Street Address (P.O. Box Number is Not Adceptable)	3. Mailing Office Address 1125 4th 6t N. Suite, Apt. #, etc. City & State 6t Pctcrsburg F.L. Zip Country 33701 U.5. Fourrent Registered Agent State Zip Code FI ZU272	CR2E081 (11/10) 4. Date Incorporated or Qualified 1/14/99 To Do Business in Florida 5. FEI Number Applied For Not Applied For Not Applied Fee required for a Certificate of Status 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
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 REGISTERED AGENT MUST SIGN Date		
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 Directo	
Arcs. Paul Finley	6286 Rocks Crz	cticit Ellenton FL. 34222
		MAY U 4 2012 T. CAULEY
10. E-mail Address: Finley Goes @ GWail. Com (To be used for future annual report notification)		
11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone *		