

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

02 JUL -2 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000025033

**1. Corporation Name**

FINGER-FITTING PRODUCTS, INC.

**2. Principal Office Address**

2102 NE 123 STREET

Suite, Apt. #, etc.

**City & State**

NORTH MIAMI, FL

**Zip**

33181

**Country**

USA

**3. Mailing Office Address**

2102 NE 123 STREET

Suite, Apt. #, etc.

**City & State**

NORTH MIAMI, FL

**Zip**

33181

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0908334

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

RICHARD A. GOLDEN, ESQ., KRAMER & GOLDEN, P.A.

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

12000 BISCAYNE BOULEVARD

**Suite, Apt. #, Etc.**

SUITE 500

**City**

NORTH MIAMI

**State**

FL

**Zip Code**

33181

**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**

**RICHARD A. GOLDEN**

**Date**

6/27/02

REGISTERED AGENT MUST SIGN

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PTSD	CARYN DUBOFF	2102 NE 123 STREET	NORTH MIAMI, FL 33181

**10. 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:**

*Caryn Duboff*

6/27/02

305-899-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

**KRAMER  
&  
GOLDEN, P.A.**

12000 BISCAYNE BLVD., SUITE 500 · NORTH MIAMI, FLORIDA 33181  
TELEPHONE: (305) 899-1800 · FACSIMILIE: (305) 891-1144  
E-MAIL: KGPA@aol.com

SANFORD H. KRAMER  
RICHARD A. GOLDEN

REFER TO FILE NO.

June 27, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: CORPORATION REINSTATEMENT  
FINGER-FITTING PRODUCTS, INC.  
DOCUMENT #P99000025033

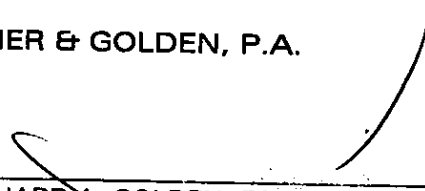
Dear Sir/Madam:

With reference to the above corporation, and pursuant to our telephone calls to your offices, it is our understanding that Finger-Fitting Products, Inc. was dissolved in 2000 for failure to file UBR. However, we did not receive the notice as same was returned to the Department of State. Accordingly, enclosed please find Corporation Reinstatement Form accompanied by our Check No.3507 in the amount of \$450.00 for the years 2000, 2001 and 2002.

Thank you for your attention to this matter.

Yours very truly,

**KRAMER & GOLDEN, P.A.**

By:   
RICHARD A. GOLDEN, ESQ.

RAG:mx  
Enclosures