## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR REINSTATEMENT	Katheri Secreta	ne Harris ry of State		<b>E11 E</b>	εn -
DOCUMENT # P9900061410			FILED		
1. Corporation Name			02 FEB 22 PM 12: 1 1		
PERFECT FINISH RESIDENTIAL & COMMERCIAL PROPERTY MAINTENANCE, INC.			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business	Mailing Address		] 	INE SECRE SERVICE CENTRE ECURS ERVI	A SAKIN DINGI KININ DINAN KININ DUKI (SAN
13971 CLEVELAND AVE STE 19	13971 CLEVELAND AVE STE 19				
.N FORT MYERS FL 33903 US	L 33903 N FORT MYERS FL 33903 US		40 01-7		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			1		-010
New Principal Office Address, If Applicable	ncipal Office Address, If Applicable 3. New Mailing Office Address, If App		Date Incorpora     To Do Busines	ate or Qualified solin Florida	07/09/1999
Suite, Apt. #, etc. 3581 Palmetto Circ. Suite, Apt. #, etc.		Lone	5. FEI Number	CE 0000400	Applied For
Et Onus FL	City & State			65-0932138	Not Applicable
339/6 Country	Zip	Country	6. CERTIFICATE O	F STATUS DESIRED 🗆	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofi	t corporations must list at lee	st 3 directors)		
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City	/ State / Zip
P EDWARDS, LEW A JR. 3 SINCE STATE OF THE ST			<u> </u>	N FORT MYERS	FI -29999-
· · · · · · · · · · · · · · · · · · ·			- are 33916		
	<del></del>				
·			4000050722244		
				*****JUU.UI	) *****JUU_UU
-3.					<u>·</u>
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
FINANCIAL FOUNDATIONS, INC.			A Edwards Jr.		
3150 SANDY RIDGE DRIVE				Not Acceptable)	0-82E940 (801)
CLEARWATER FL-33761					5
		City - + O			State Zip Code
10. I, being appointed the registered agent of the abov	a semad semeration are fo	FA. YM	lyers		EL 339/6
15. 1, boiling appointed the registered agent of the above	e named corporation, and te	minal with and accept the oc	-	007.0303, F.S.	
. 4 687468	in nexton masses.	MEN IT IN IT TO THE A TOTAL TOTAL			
Signature of Registered Agent Date Date					
REGISTERED AGENT MUST SIGN					
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					