FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 DEC -4 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000061410

REINSTATEMENT 03

000025386920
12/10/03--01034--001 **158.75

1. Corporation Name
PERFECT FINISH RESIDENTIAL & COMMERCIAL PROPERTY MAINTENANCE, INC.

2. Principal Office Address	3. Mailing Office Address
3581 Veronica Shoemaker Blvd	3581 Veronica Shoemaker Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Fort Myers FL
Zip: 33916 Country: USA	Zip: 33916 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/09/1999

5. FEI Number: 650932138 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: LEW A. EDWARDS, JR
Street Address (P.O. Box Number is Not Acceptable): 3581 Veronica Shoemaker Blvd.
Suite, Apt. #, Etc.:
City: Fort Myers State: FL Zip Code: 33916

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: Lew A. Edwards Jr. Date: 12/3/03
REGISTERED AGENT MUST SIGN

CR2E080 (12/02)

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 Director	City / State / Zip
P	Lew A. Edwards JR	3581 Veronica Shoemaker Blvd.	Fort Myers, FL 33916

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: Lew A. Edwards Jr. 12/3/03 2394610005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PERFECT FINISH

RESIDENTIAL & COMMERCIAL PROPERTY MAINTENANCE, INC.

December 2, 2003

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399
ATTN: REINSTATEMENT DIVISION

Attached please find my application for Corporation Reinstatement and a check in the amount of $158.75 ($61.25 Annual Report Fee, $88.75 Corporate Supplemental Fee, $8.75 Certificate of Status Fee.)

Please waive the $600.00 Reinstatement Fee as I did not receive any notices for reapplication due to the State of Florida Division of Corporations has my address incorrect.

Your quick response to reactivating this Corporation is greatly appreciated.

Sincerely,

Lew A. Edwards, Jr.

3581 Veronica Shoemaker Boulevard, Fort Myers 33916 • Phone: 239.461.0005 • Fax: 239.461.0050