

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 22 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000065851**

1. Corporation Name

Ultra Finish, Inc.

2. Principal Office Address

251 Royal Palm Way

Suite, Apt. #, etc.

Suite 602

City & State

Palm Beach, FL

Zip

33480

Country

U.S.A

3. Mailing Office Address

251 Royal Palm Way

Suite, Apt. #, etc.

Suite 602

City & State

Palm Beach, FL

Zip

33480

Country

U.S.A.

REINSTATEMENT 00-01

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

7/19/99

5. FEI Number

65-0940850

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

Mario G. de Mendoza, III

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

251 Royal Palm Way

Suite, Apt. #, Etc.

Suite 602

City

Palm Beach

State

FL

Zip Code

33480

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

[Signature]

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 Director	City / State / Zip
P,D	Scott K. Meissner	2199 Canal Drive	Palm Beach Gardens Florida 33410
V	Kimberly Francis Meissner	2199 Canal Drive	Palm Beach Gardens Florida 33410

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: Scott K. Meissner, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 624-8998

Date

Daytime Phone #

1-12-01

CR2E081 (9/00)