

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 22 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000088424

1. Corporation Name

Final Touch Wall Systems Inc.
Development Corp.

2. Principal Office Address

27910 Lincoln Place

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33544

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/4/99

5. FEI Number

59-360 4595

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

RAYMOND Chenoweth

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

27910 LINCOLN PLACE

Suite, Apt. #, Etc.

Wesley Chapel

City

Wesley Chapel

State
FL

Zip Code

33544

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

Raymond J. Chenoweth

REGISTERED AGENT MUST SIGN

Date 8/10/06

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
Pres	RAYMOND Chenoweth	27910 LINCOLN PL.	Wesley Chapel FL. 33544
VP	RICHARD FOMUKE	3413 Pendleton Way	LAND O LAKES FL. 34639

100080221041

09/27/05--01048--003 **1200.00

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 contained in Chapter 119, 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

RICHARD FOMUKE

9/18/06

Date

813-267-6897

Daytime Phone #