


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JAN 27 PM 1:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																	
DOCUMENT # <u>S46078</u>																																					
1. Corporation Name <u>FINGERS + FACES INC.</u>																																					
Principal Place of Business			Mailing Address																																		
<u>701 NW 77 AVE</u> <u>PLANTATION FL</u> <u>33324</u>																																					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida																																	
		<u>701 NW 77 AVE</u>		<u>4/91</u>																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number																																	
				<u>65-0260626</u>																																	
City & State		City & State		Applied For																																	
		<u>PLANTATION FL</u>		Not Applicable																																	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																																	
<u>33324</u>		<u>USA</u>																																			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Title(s)</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td><u>PRES</u></td><td><u>SANDRA SCALFARI</u></td><td><u>701 NW 77 AVE</u> PLANTATION FL</td><td><u>PLANTATION FL</u> <u>33324</u></td></tr><tr><td></td><td></td><td></td><td><u>000002072390--4</u> <u>-01/29/97--01050--013</u> <u>***370.00 ***370.00</u></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	<u>PRES</u>	<u>SANDRA SCALFARI</u>	<u>701 NW 77 AVE</u> PLANTATION FL	<u>PLANTATION FL</u> <u>33324</u>				<u>000002072390--4</u> <u>-01/29/97--01050--013</u> <u>***370.00 ***370.00</u>																				
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REINSTATEMENT <u>96</u> <u>1/27/97</u>																																					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent																																		
			Name <u>SANDRA SCALFARI</u>																																		
			Street Address (P.O. Box Number is Not Acceptable) <u>701 NW 77 AVE</u>																																		
			Suite, Apt. #, Etc.																																		
			City <u>PLANTATION</u>																																		
			State <u>FL</u>																																		
			Zip Code <u>33324</u>																																		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.																																					
Signature of Registered Agent <u>Sandra Scalfari</u> Date _____																																					
REGISTERED AGENT MUST SIGN																																					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)																																					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Sandra Scalfari</u> Date <u>1-22-97</u> <u>473-1096</u>																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____																																					

CR2040 (12/95)