

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 29 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 89401

1. Corporation Name

JAMES HINTZE  
FINISHED CARPENTRY, INC.

2. Principal Office Address

1004 JAMAICA WAY

Suite, Apt. #, etc.

3. Mailing Office Address

1004 JAMAICA WAY

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FLORIDA TARPON SPRINGS, FL.

Zip

34689

Country

USA

Zip

34689

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

OCT. 24, 1991

5. FEI Number

59 3091847

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

JAMES HINTZE

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

1004 JAMAICA WAY

Suite, Apt. #, Etc.

000025780940

12/29/03--01005--008 \*\*1800 75

City

TARPON SPRINGS

State

FL

Zip Code

34689

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

James Hintze

REGISTERED AGENT MUST SIGN

Date 12/2/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| P/T/D  | JAMES HINTZE                         | 1004 JAMAICA WAY                                  | TARPON SPRINGS, FL. 34689 |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |

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: James Hintze  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/03

Daytime Phone #

(727) 942-0541

CR2E081 (10/02)