


### 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 25 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000031434</b>			
1. Entity Name <b>PERPETUAL SOLUTIONS, INC.</b>			
Principal Place of Business 13573 KULTIE COURT DELRAY BEACH, FL 33446		Mailing Address 13573 KULTIE COURT DELRAY BEACH, FL 33446	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>010773575</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS ST. TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Susan F. Clark</i>		SIGNATURE: <i>Susan F. Clark</i>	
Signature, typed or printed name of registered agent and title if applicable.		DATE: <i>10/15/04</i>	
FILE NUMBER FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.103(2)(b), F.S., this corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D LOVINGER, ROBERT 5 LIBERTY LANE MILLER PLACE, NY 11764</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10/25/04 01088-010-450.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.			
SIGNATURE: <i>Robert Lovinger</i>		Date: <i>10-18-04</i> Daytime Phone: <i>860-260-4231</i>	
Signature appears on Printed Name of existing officer or director		Date	

REINSTATEMENT

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