

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -6 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FO10000004457

1. Corporation Name Perception Marketing, Inc.
6388 Mallard TRALE
Tallahassee FL 32312

2. Principal Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

Tallahassee

Zip

32308

Country

USA

3. Mailing Office Address

11

Suite, Apt. #, etc.

N/A

City & State

FL

Zip

Country

LEON

4. Date Incorporated or Qualifier
To Do Business in Florida

8/23/01

5. FEI Number

58-253625

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

Troy A Potts

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

6388 Mallard TRALE

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

Troy A Potts

Date

2/5/03

REGISTERED AGENT MUST SIGN

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.	Troy A Potts	SAME	11

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:

Troy A Potts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

385 2797

Daytime Phone #

CR2E081 (10/02)

2/6/03

**Perception Marketing, Inc.
6388 Mallard Trace
Tallahassee Florida 32312**

February 5, 2003

Florida Department of State
Secretary of State
Division of Corporations

To Whom It May Concern:

I am writing in regard to the corporate reinstatement form that I did not receive. I was made aware that the reinstatement is late at this time. I have downloaded the form from the internet. Since the form was not received, I am asking that the late fee be waived. To ensure this does not happen in the future I have entered the date the form needs to be filed by for future years into my computer.

I did not file the 2002 UBR report.

Thank you for your understanding on this matter.

Best regards,

A handwritten signature in black ink, appearing to read 'Troy A. Potts', with a stylized flourish extending to the right.

Troy A. Potts