2006 NOT-FOR-PROFIT CORPORATION - REINSTATEMENT

DOCUMENT # F05000006816

1. Entity Name
PERFECTORE, INC.

FILED
06 SEP 26 PM 4:38
SEC... TALLA... FLORIDA

Principal Place of Business
2711 CENTERVILLE ROAD, #400
WILMINGTON, DE 19808

Mailing Address
7820 HARDING AVE., #5
MIAMI BEACH, FL 33141

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

09212006 REIN-NP VCR2E099 (11/05) REINSTATEMENT 2006

4. FEI Number 20-3609230 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRADOS, MARY E CPA, PA
420 LINCOLN ROAD, #357
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: Collon Brown

Street Address (P.O. Box Number is Not Acceptable): 7820 HARDING AVE. #5

City: MIAMI BEACH FL Zip Code: 33141

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 _____ Sept. 21/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2007, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	☐ Delete
NAME	BROWN, COLLON	
STREET ADDRESS	7820 HARDING AVE. #5	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	☑ Delete
NAME	PRADOS, MARY E	
STREET ADDRESS	420 LINCOLN ROAD #357	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME	800080149499	
STREET ADDRESS	09/25/06--01053--005 **70.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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 like empowered.

SIGNATURE: _____ Sept. 21/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #