

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB 10 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F91290

**PERMETER PROPERTIES, INC.**

**Mailing Address**

700 NW 8TH AVENUE  
POMPANO BEACH FL 33060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

07/20/1982

Applied For

16-0817183

Not Applicable~

**CERTIFICATE OF STATUS DESIRED**

**\$8.75 Additional Fee required  
for a Certificate of Status**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PERMENTER, BARBARA	700 NW 8TH AVENUE	POMPANO BEACH, FL 00000
PD	PERMENTER, CLYDE	700 NW 8TH AVENUE	POMPANO BEACH, FL 00000
			<div data-bbox="1018 1108 1505 1138">600003132756--6</div> <div data-bbox="1125 1138 1459 1169">02/11/00 01040 025</div> <div data-bbox="1140 1169 1490 1199">****900.00 ****900.00</div>
			LS

**9. Name and Address of New Registered Agent**

PERMENTER, BARBARA  
700 NW 8TH AVE  
POMPANO BCH. FL 33060

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code	
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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

REGISTERED AGENT MUST SIGN

Date 6-7-00

11. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA PERMENTER

1-18-2000  
Date

Date \_\_\_\_\_

Daytime Phone #

954-943-9976

CR2E040 (8/99)