PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 19 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001399**

1. Corporation Name

PERIMETER MAINTENANCE CORPORATION

Principal Place of Business	Mailing Address
100 NW GALLERIA PKWY STE 1070 ATLANTA GA 30339 US	~~100 NW GALLERIA PKWY~~ ~~STE 1070~~ ~~ATLANTA GA 30339~~ ~~US~~

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3130 Gravois Ave	
City & State		City & State St. Louis, Mo.	
Zip	Country	Zip 63118	Country U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 03/18/1994

5. FEI Number: 58-1616500 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~PCT~~ P	~~FAUCETTE, BRICKFORD~~ ANDREW SPANN	~~100 GALLERIA PKWY #1070~~ 3130 Gravois	~~ATLANTA GA~~ St Louis Mo 63118
~~DV~~ V	~~BURNS, MICHAEL J~~ Daniel Short	100 GALLERIA PKWY #1070	ATLANTA GA 30339
~~SD~~ CANCELLED	~~FAUCETTE, LISA~~ Terry M Anderson	100 GALLERIA PKWY #1070	ATLANTA GA 30339
			400003060624--4 -12/03/99--01098--019 ***1500.00 ****750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
#614
PLANTATON FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

(8/98) CR2E040

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 _____ Date 11-8-99

REGISTERED AGENT MUST SIGN

JENNIFER F AULTMAN
ASSISTANT SECRETARY

11. I certify that I am a duly elected 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.

KE

SIGNATURE: _____ 11/3/99 770-859-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #