

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 24 AM 11:26

SECRETARY OF STATE

6000106774765DA
01/23/03--01083--003 **300.00

DOCUMENT # H27621

1. Corporation Name

JACK PERLMUTTER, P.A.

Principal Place of Business

997 S WICKHAM ROAD
SUITE 2
MELBOURNE FL 32935-6862

Mailing Address

997 S WICKHAM ROAD
SUITE 2
MELBOURNE FL 32935-6862

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1984

5. FEI Number

59-2461092

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVS	PERLMUTTER, JACK	563 A1A	SATELLITE BCH FL
TD	PERLMUTTER, JACK	563 A1A	SATELLITE BCH FL

8. Name and Address of Current Registered Agent

PERLMUTTER, JACK
997 S WICKHAM RD
MELBOURNE FL 32935-6862

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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/17/03

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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

JACK PERLMUTTER, P.A.

Attorney at Law

JACK PERLMUTTER, ESQUIRE

321-728-0998

321-674-1630

321-674-1631

FAX 321-728-9082

OFFICE:

997 S. WICKHAM ROAD

SUITE 2

WEST MELBOURNE, FL 32904

January 17, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

To Whom It May Concern:

The purpose of this letter is to notify you that I have not received either of the Uniform Business Reports and to request that you waive the reinstatement fee.

Enclosed please find the completed application for reinstatement and a check in the amount of \$300.00 for the years 2002 and 2003.

Thank you for your time and consideration in this matter.

Sincerely,



Jack Perlmutter
Jack Perlmutter, P.A.