

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H33900

1. Corporation Name

PERRY-BARNETT CORPORATION

2. Principal Office Address

Ave. 5A. Norte

Suite, Apt. #, etc.

No. 17-140

City & State

El Cangrejo, Panama

Zip

Country

9-A

Panama

3. Mailing Office Address

P.O. Box 1082

Suite, Apt. #, etc.

City & State

Panama

Zip

Country

9-A

Panama

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1984

5. FEI Number

59-2671806

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

UCC Filing & Search Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Ed Ann J. President

REGISTERED AGENT MUST SIGN

Date

2/1/00

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
P/D	Hill Mitre, James	Ave. 5A. Norte No. 17-140	El Cangrejo Panama 9-A, Panama
VP/D	Quintana Matheu, Antonio	Ave. 5A. Norte No. 17-140	El Cangrejo Panama 9-A, Panama
T/D	De Palacios, Esperanza	Ave. 5A. Norte No. 17-140	El Cangrejo Panama 9-A, Panama
S/D	Reizen, Verna	1230 - 100th Street	Bay Harbor Islands, Florida 33154

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:

Verna P. Reizen

Verna P. Reizen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

(305) 891-8238

Daytime Phone #

CR2E081 (9/99)