

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 92-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 22 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1491331

1497-21001

1. Corporation Name

PERMAX, INC.

Principal Place of Business

Mailing Address

205 N WOODLAND BLVD.
DELAND, FL 32720

600002302816--4

-09/24/97--01103--019

***1575.00 ***1575.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
205 N WOODLAND BLVD.

3. New Mailing Address, If Applicable
205 N WOODLAND BLVD.

4. Date Incorporated or Qualified
To Do Business in Florida
7/28/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2908880

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	PER G MALMSTROM	SAME ADDRESS	
S/T	KENTON A SHEPARD	SAME ADDRESS	

REINSTATEMENT

92-97
SL 9-23-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PER G MALMSTROM
205 NORTH WOODLAND BLVD
DELAND, FL 32720

Name

KENTON A SHEPARD, CPA

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

205 N WOODLAND BLVD

Suite, Apt. #, Etc.

City

DELAND

State

Zip Code

FL

32720

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

06/09/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Kenton A. Shephard

KENTON A. SHEPARD, CPA

6/9/97

904 736 7200

CR25040 (12/95)