

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -3 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000000928
1. Corporation Name PERFECT TOUCH FOUNDATION INC

2. Principal Office Address - No P.O. Box #
11450 Courtney Waters Ln
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 551543
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32258
Country
1

City & State
Jacksonville, FL
Zip
32255
Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
202219428
Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required for a Certificate of Status

CR2E081 (11/09)

7. Name and Address of Current Registered Agent

Name
Anthony Hunt
Street Address (P.O. Box Number is Not Acceptable)
11450 Courtney Waters Ln
Suite, Apt. #, Etc.
City
Jacksonville
State
FL
Zip Code
32258

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12/03/09

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
<u>Pres.</u>	<u>Anthony Hunt</u>	<u>11450 Courtney Waters Ln</u>	<u>Jax, FL 32258</u>
			<u>500163300735</u>
			<u>12/04/09--01003--007 **122.50</u>

10. E-mail Address: THUNT530@Comcast.net

(To be used for future annual report notifications)

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. I further certify 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

Date

Daytime Phone #

12/3/09 (904) 535 9785

535 9785