

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000025018

Entity Name: PERSPECTIVE WORKS, P.A.

FILED
Oct 07, 2005
Secretary of State

Current Principal Place of Business:

6372 HARBOR BEND
POMPAN0 BEACH, FL 33063

New Principal Place of Business:

6372 HARBOR BEND
MARGATE, FL 33063

Current Mailing Address:

6372 HARBOR BEND
POMPAN0 BEACH, FL 33063

New Mailing Address:

6372 HARBOR BEND
MARGATE, FL 33063

FEI Number: 65-1088084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTINO, GASPARE
6372 HARBOR BEND
POMPAN0 BEACH, FL 33063 US

Name and Address of New Registered Agent:

VALENTINO, GASPARE
6372 HARBOR BEND
MARGATE, FL 33063 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VALENTINO, GASPARE

10/07/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VALENTINO, GASPARE R
Address: 6372 HARBOR BEND
City-St-Zip: POMPAN0 BEACH, FL 33063

Title: VP () Delete
Name: VALENTINO, DOMENIC
Address: 1500 N. OCEAN BLVD., #604
City-St-Zip: POMPAN0 BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VALENTINO, GASPARE R
Address: 6372 HARBOR BEND
City-St-Zip: MARGATE, FL 33063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALENTINO, GASPARE

PD

10/07/2005

Electronic Signature of Signing Officer or Director

Date