

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P00000054902**

1. Corporation Name

A PERFECT 10, INC.

Principal Place of Business

Mailing Address

5441 JAMES ST
NEW PORT RICHEY FL 34652

5441 JAMES ST
NEW PORT RICHEY FL 34652

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2000

5. FEI Number

59-3647373

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
P	STEADHAM, KINDRA	5441 JAMES ST	NEW PORT RICHEY FL 34652
VP	ALU, APRIL	5441 JAMES ST	NEW PORT RICHEY FL 34652

400023829154

10/15/03--01075--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDWARDS, KINDRA L

9406 GREY FOX LANE

PORT RICHEY FL 34668

3123 Tori CT
New Port Richey, FL
34655

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 OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

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)(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:

Kindra Steadham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 13, 2003 *(122) 847-2210*
Date Daytime Phone #

CR2E040 (7/03)

A PERFECT 10, INC
5441 JAMES ST
NEW PORT RICHEY, FL 34653

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314-6327

DEAR SIR OF MADAM

AT THIS TIME THE COPORATION WISHES TO HAVE THE REISTAMENT FEE
WAIVED AS WE DID NOT RECEIVE THE TWO PRIOR UNIFORM BUSINESS
REPORTS. I HAVE ENCLOSED A CHECK FOR \$150.00.

THANK YOU.

A handwritten signature in black ink, reading "Kindra Steadham". The signature is fluid and cursive, with the first name "Kindra" and last name "Steadham" clearly legible.

KINDRA STEADHAM
PRESIDENT