

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 11:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000109173**

1. Corporation Name

**PERFECT COMMUNICATIONS AND PROMOTIONS, INC.**

Principal Place of Business

2441 BELLEVUE AVE  
 DAYTONA BEACH FL 32114

Mailing Address

2441 BELLEVUE AVE  
 DAYTONA BEACH FL 32114

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

REINSTATEMENT *cr*

4. Date Incorporated or Qualified To Do Business in Florida

11/20/2000

5. FEI Number

59-3689135

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PONAGGIO, MICHAEL	2441 BELLEVUE AVE	DAYTONA BEACH FL 32114
S	BUNDY, JOHN M	2441 BELLEVUE AVE	DAYTONA BEACH FL 32114

900008759729  
 11/01/02--01070--010 \*\*750.00

*Handwritten signature*

8. Name and Address of Current Registered Agent

BUNDY, JOHN M  
 2441 BELLEVUE AVE  
 DAYTONA BEACH FL 32114

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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

*Handwritten signature*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

*Handwritten signature*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02