

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 -8 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000018571

1. Corporation Name

PERMA SEAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

~~5919 MERRILL RD.  
JACKSONVILLE FL 32239-0630~~

~~5919 MERRILL RD.  
JACKSONVILLE FL 32239-0630~~



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

2. New Principal Office Address, If Applicable

960 Rogero Rd  
Suite, Apt. #, etc. Suite #5

City & State Jacksonville, FL.

Zip 32211 Country U.S.

3. New Mailing Office Address, If Applicable

960 Rogero Rd.  
Suite, Apt. #, etc. Suite #5

City & State Jacksonville, FL.

Zip 32211 Country U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/20/2001

5. FEI Number

59-3700508

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
D	WALLER, EDDIE B	5919 MERRILL RD.	JACKSONVILLE FL 32239

500008888725  
11/08/02--01047--005 \*\*150.00

8. Name and Address of Current Registered Agent

WALLER, EDDIE B  
5919 MERRILL RD.  
JACKSONVILLE FL 32239-0630

9. Name and Address of New Registered Agent

Name

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

960 Rogero Rd.

Suite, Apt. #, Etc.

Suite #5

City

Jacksonville

State

FL

Zip Code

32211

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

November 7, 2002

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/02

Date

904-722-8820

Daytime Phone #

CR2E040 (8/02)

960 ROGERO ROAD  
SUITE # 5  
P.O.BOX 8630  
JACKSONVILLE, FL 32211-0630

PERMA SEAL PRODUCTS, INC.

904-722-8820  
800-842-0045  
FAX# 904-745-4704

To whom it may concern,

November 7, 2002

Please accept my regristration application for reinstatement for Perma Seal Laminating, Incorporated. Due to recent hospitalization, our change of address was not completed with you. I was out of the workplace for six months due to a heart attack. During this time, our corporation changed locations, and I did not receive the corporation forms. If you would please accept my reinstatement and my payment of \$150.00 reinstatement fee, it would be very appreciated. I am now able to keep the corporation fees current. If there are any questions, please feel free to contact me at 904-722-8820. Once again, I thank you for all of your help.

I Remain,



Eddie B Waller  
President