PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 22 AM 11:12

DOCUMENT # P01000062986

1. Corporation Name

PERMIT X INC.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
7130 NW 179 ST #212	SAME
Suite, Apt. #, etc. #212	Suite, Apt. #, etc.
City & State Miami FLORIDA	City & State
Zip 33015 Country U.S.A	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 06-25-2001

5. FEI Number: 651117695 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: FRITZGERALD MASSON

Street Address (P.O. Box Number is Not Acceptable): 7130 NW 179 ST #212

Suite, Apt. #, Etc.: #212

City: Miami State: FL Zip Code: 33015

800049338865
03/29/05--01014--009 * 150.00
800049338865
03/29/05--01014--010 ** 50.00

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: [signature] Date: 3-21-2005

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
D	Fritzgerald MASSON	7130 NW 179 ST #212	Miami FL 33015
D	PRESMIL MASSON	1625 NE 169ST	Miami FL 33162

800049338698
03/29/05--01014--011 **150.00

10. 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] 3-25-2005 786-306-4492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PERMIT X, INC.
7130 NW 179th Street, #212
Miami, Florida 33015
(305) 776-1829

P 01000062986

Enclosed please find enclosed 3 money orders for $450.00 which will cover the annual reports for 2003, 2004 & 2005. I did not receive any annual Report by mail so I ask that the penalty fee be waived.

Thank You!

Fritzgerald Masson