

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 NOV -6 PM 1:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000090951

1. Corporation Name

CAROL PERZAN, INC.

Principal Place of Business

1001 S.E. 4TH COURT
DEERFIELD BEACH FL 33441

Mailing Address

1001 S.E. 4TH COURT
DEERFIELD BEACH FL 33441

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 03
Data Incorporated or Qualified
To Do Business in Florida

09/17/2001

5. FEI Number

65-1139363

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

2

3

4

PD

PERZAN, CAROL A

1001 S.E. 4TH COURT

DEERFIELD BEACH FL 33441

600024478496

11/06/03--01034--011 **150.00

8. Name and Address of Current Registered Agent

PERZAN, CAROL A
1001 S.E. 4TH COURT
DEERFIELD BEACH FL 33441

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

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

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

CR2E040 (7/03)

Carol Perzan, Inc.
1001 SE 4th Court
Deerfield Beach, Florida 33441

October 20, 2003

Florida Dept of State ,
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl 32314-6327

Re: Document # P01000090951 / Carol Perzan, Inc.

Dear Sir or Madam:

I have enclosed a check in the amount of \$150.00 for payment of my 2003 annual report. As stated to a representative of the Florida Dept of State, I did not receive the 1st or 2nd report to file for the year 2003.

I am sorry for any inconvenience this may have caused and appreciate your time in this matter.

Sincerely,



Carol Perzan