

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 10 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091172

1. Corporation Name

Perry Ocean Technology, Inc.

000075216690

05/25/06--01002--018 \*\*600.00

2. Principal Office Address

3501 Briar Bay Blvd

3. Mailing Office Address

3501 Briar Bay Blvd

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33411

Country

USA

Zip

33411

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/5/2001

5. FEI Number

651135531

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nicholas Perry

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

3501 Briar Bay Blvd

Suite, Apt. #, Etc.

#101

City

West Palm Beach

State

FL

Zip Code

33411

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

*Nicholas Perry*

Date 5/1/2006

REGISTERED AGENT MUST SIGN

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	Nicholas Perry	3501 Briar Bay Blvd #101	WPB, FL 33411

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 contained in Chapter 119, 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:

*Nicholas Perry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2006

Date

561-706-0812

Daytime Phone #