

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095171

1. Corporation Name

PERFECT MARKETING, INC.

Principal Place of Business

673 S.E.WEST VIRGINIA DR.
PORT ST. LUCIE FL 34983

Mailing Address

673 S.E.WEST VIRGINIA DR.
PORT ST. LUCIE FL 34983

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2001

5. FEI Number

90-0002534

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

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

OWNER
PRES.

GEORGE R. DERMOTT JR

673 SE WEST
VIRGINIA DR

P.S.L., FL 34983

400008829734

11/06/02--01073--018 **150.00

8. Name and Address of Current Registered Agent

DERMOTT, LAURA SR
1700 S.W. BELLEVUE AVE.
PORT ST. LUCIE FL 34953

9. Name and Address of New Registered Agent

Name

LAURA WINSTON

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

673 SE WEST VIRGINIA DR

Suite, Apt. #, Etc.

City

Port ST lucie

State

FL

Zip Code

34983

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

Laura Winston
REGISTERED AGENT MUST SIGN

Date

11.1.02

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:

George R. Dermott Jr
REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.1.02 772-201-0010

282

*Perfect Marketing Incorporated
673 SE West Virginia Drive
Port St. Lucie, Florida 34983*

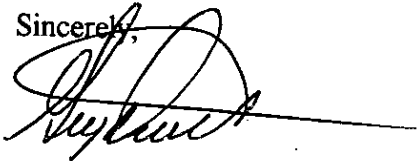
November 4, 2002

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314-6327

To whom it may concern:

This is to verify that prior UBR notices were not received.

Sincerely,



George R. Dermott, Jr.