

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 -5 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095171

1. Corporation Name

PERFECT MARKETING, INC.

Principal Place of Business

Mailing Address

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

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

REINSTATEMENT 03



300024449553  
11/05/03--01046--014 \*\*750.00

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

2. New Principal Office Address, If Applicable

1592 SE VILLAGE GREEN DR

Suite, Apt. #, etc.

Suite E

City & State

P.S.L., FL

Zip

34958

Country

ST LUCIE

3. New Mailing Office Address, If Applicable

1592 SE VILLAGE GREEN DR

Suite, Apt. #, etc.

Suite E

City & State

P.S.L., FL.

Zip

34958

Country

ST. LUCIE

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	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DERMOTT, GEORGE R JR.	673 S.E. WEST VIRGINIA DR.	PORT ST. LUCIE FL 34983

8. Name and Address of Current Registered Agent

WINSTON, LAURA SR

673 S.E. WEST VIRGINIA DR.

PORT ST. LUCIE FL 34983

9. Name and Address of New Registered Agent

Name

LAURA WINSTON

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

925 SW Worcester Lane

Suite, Apt. #, Etc.

City

P.S.L.

State

FL

Zip Code

34953

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

10/21/03

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.*

GEORGE R. DERMOTT JR.

Date

10-21-03 772-201-0010

Daytime Phone #

CR2E040 (7/03)