

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUN 24 AM 10:29

DOCUMENT # P02000002504

1. Corporation Name

Perkins Automotive Inc.

700181951347  
06/10/10--01026--009 \*\*300.00

2. Principal Office Address - No P.O. Box #

5751 Shirley Street

3. Mailing Office Address

9420 Fountain Medical Ct. 101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL 34109

City & State

Bonita Springs, FL 34135

Zip

Country

US

Zip

Country

US

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/2002

5. FEI Number

04-3588273

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 Christopher Perkins

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

5751 Shirley Street

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

700181951347  
06/24/10--01034--008 \*\*500.00

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

X

Date

6/7/10

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
P	Christopher Perkins	5751 Shirley Street	Naples, FL 34109

10. E-mail Address: nhensley@hensleycpas.us

(To be used for future annual report notification)

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. I further certify, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/7/10

Daytime Phone #