


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000023561			
1. Corporation Name Perry Systems, Inc.			
2. Principal Office Address 1112 White Moss Lane Suite, Apt. #, etc. 1 City & State Celebration, FL Zip 34747 Country US		3. Mailing Office Address 1112 White Moss Lane Suite, Apt. #, etc. City & State Celebration FL Zip 34747 Country US	
		4. Date Incorporated or Qualified To Do Business in Florida 2/27/2002	
		5. FEI Number 58-202-6811 Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Mitchell Perry 000024565310			
Street Address (P.O. Box Number is Not Acceptable) 1112 White Moss Lane 11/10/03--01063--011 **151.00			
Suite, Apt. #, Etc. 			
City Celebration		State FL	Zip Code 34747
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 Mitchell Perry		Date 11/06/2003	
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 President	Mitchell Perry	1112 White Moss Lane	Celebration, FL 34747
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 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: Mitchell Perry		11/06/2003 352-251-8831	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
03 NOV 10 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

CR2E081 (10/02)

712



DEPARTMENT OF FINANCIAL SERVICES

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

Dear Sir or Madam:

The attached document(s) are being returned for reason(s) indicated below. This office does not retain copies. **Return all documents to the address listed on the bottom of this letter.**

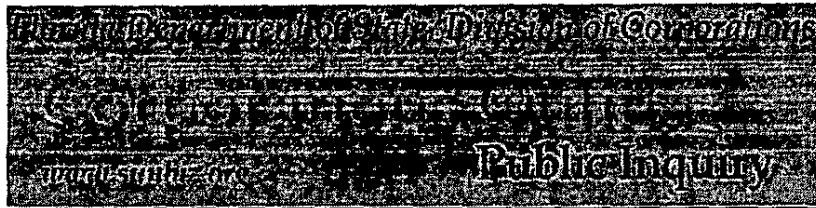
- ☐ On the DWC 250, indicate the operating status of the applicant, a sole proprietor, a partner or a corporate officer.
- ☐ Florida Workers' Compensation Law automatically excludes non-construction business sole proprietors and partners. Your application is being returned unprocessed since the Division does not issue non-construction exemptions to sole proprietors or partners.
- ☐ Insert corporate title on attached document.
- ☐ Enter the following missing or incomplete information on the DWC 250:
 - ☐ Corporate Name ☐ Nature of Business ☐ Federal Employer Identification Number (FEIN)
- ☐ Please provide the required documentation listed below:
 - ☐ Internal Revenue Service (IRS) form 1040 and either Schedule C (sole proprietor) or Schedule E (partner)
 - ☐ If IRS information is not available, all 5 items listed below must be submitted.
 - ☐ A copy of any occupational license required ☐ A copy of any trade license required or a state contractors license
 - ☐ A fictitious name if used or required ☐ A Federal Employer Identification Number ☐ Business liability insurance
 - ☐ County Occupational License (if county license is not required, and such license is required by the city, submit city license)
 - ☐ The corporate officer shown on the DWC 250 is not listed on the records of Florida Department of State, Division of Corporations. Provide a notarized affidavit stating that the individual is a bona fide officer of the corporation and stating the date his or her appointment or election as a corporate officer became or will become effective.
- ☐ Additional information required:
 - ☐ List your corporate registration number on file with the Secretary of State/Division of Corporations.
 - ☐ List your certified or registered contractors' license number as issued by the Department of Business and Professional Regulations.
 - ☐ The DWC 250 must be signed and the name typed or legibly printed above the signature.
 - ☐ The DWC 250 must be notarized and show the notary seal.
 - ☐ The DWC 250 must show a complete and legible Social Security Number.
- ☐ Check/Money order payment # _____ in the amount of \$ _____ is being returned.

☒ OTHER:

INACTIVE CORPORATION.

COMPLETE A CURRENT-DWC-250 APPLICATION - NOTICE OF ELECTION TO BE EXEMPT.

- **COMPLETE AN APPLICATION FOR RE-ISSUANCE OF NOTICE OF ELECTION TO BE EXEMPT.**
- **SUBMIT A COPY OF A STOCK CERTIFICATE SHOWING 10 PERCENT OWNERSHIP.**
- **SEND A MONEY ORDER/BANK CHECK FOR \$50.00 TO COVER EXEMPTION FEE.**



Florida Profit**PERRY SYSTEMS, INC.**

PRINCIPAL ADDRESS**4212 WEST WHIPPOORWILL STREET
LECANTO FL 34461-8561**

MAILING ADDRESS**4212 WEST WHIPPOORWILL STREET
LECANTO FL 34461-8561**

**Document Number
P02000023561****FEI Number
NONE****Date Filed
02/27/2002****State
FL****Status
INACTIVE****Effective Date
NONE****Last Event
ADMIN DISSOLUTION
FOR ANNUAL REPORT****Event Date Filed
09/19/2003****Event Effective Date
NONE**

Registered Agent

Name & Address
PERRY, MITCHELL S 3480 SOHO STREET APT. 108 ORLANDO FL 32835

Officer/Director Detail

Name & Address	Title
PERRY, MITCHELL S 3480 SOHO STREET #108 ORLANDO FL 32835	PD

Annual Reports

Report Year	Filed Date
-------------	------------

1112 White Moss Lane
Celebration, Florida 34747
352-257-8831
Email: mitch@perrysys.com

Perry Systems Inc.

November 6, 2003

Department of the State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom It May Concern:

While applying for an Exemption for Workers Compensation-I was notified by the State of Florida Department of Financial Services that my corporation was inactive. They included a screen print from sunbiz that showed my company had a last event of "admin dissolution for annual report" on 9/19/2003. This also shows that the 2 addresses on corporate records have been obsolete for over a year. I guess I assumed that when I filed my Florida Unemployment address change that corrected all my records.

I went to the sunbiz website and found the number 850-245-6059 which I called this morning. I was instructed to mail the attached form, \$150 fee and an explanation of why I had not filed in a timely manner to the address on this letter. I am requesting the reinstatement fee be waived since I didn't receive the original Annual Report forms.

Thank you for your consideration,

Mitch Perry
President
Perry Systems, Inc.
FEI: 58-202-6811
Unemployment Tax ID: 2393184-7