

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
STATE DEPT OF CORPORATIONS
DIVISION OF CORPORATIONS
03 OCT -7 PM 12:27

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000063797

1. Corporation Name

Perfect Competition, Inc.

2. Principal Office Address

18037 5th Street East

3. Mailing Office Address

18037 5th Street East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Redington Shores, FL

City & State

Redington Shores, FL

Zip

33708

Country

USA

Zip

33708

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

6/10/2002

5. FEI Number

01-0712346

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status.

600023923186
10/20/03--01007--006 **758.75

7. Name and Address of Current Registered Agent

Name

John G. Hubbard, Esq.

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

595 Main Street

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent

John G. Hubbard
REGISTERED AGENT MUST SIGN

Date

10/2/03

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	Sean O'Brien	18037 5th Street East	Redington Shores/FL/33708

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 11B.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sean O'Brien

10/2/03

Date

727 692-1490
(727) 692-1490

Daytime Phone #

CRF 7585 (REV. 02)

PERFECT COMPETITION, INC.

September 30, 2003

Dear Department of State Representative:

I have included a check for \$758.75 to cover the expense of reinstating Perfect Competition, Inc., and for a certificate of status. The document number for this corporation is P02000063797. I am writing to inform you that the 1st notice to file my UBR was returned to your office. I confirmed this when I spoke to a DOR representative via phone. I believe that I am entitled to full or partial reimbursement of the excess fees included in the reinstatement expense.

I appreciate your consideration in this matter.

Sincerely,



Sean O'Brien
President/CEO