

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 OCT 15 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000078775**

1. Corporation Name

**CRAIG A. PERNA, INC.**

Principal Place of Business

18173 SE RIDGEVIEW DRIVE  
TEQUESTA FL 33469

Mailing Address

18173 SE RIDGEVIEW DRIVE  
TEQUESTA FL 33469

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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

07/19/2002

5. FEI Number

20-0000120

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/S	Craig A. Perna	18173 SE Ridgeview Dr.	Tequesta, FL 33458
V/T	Gail Perna	18173 SE Ridgeview Dr.	Tequesta, FL 33458

500023799855

10/15/03--01003--029 \*\*150.00

8. Name and Address of Current Registered Agent

PERNA, CRAIG A  
18173 SE RIDGEVIEW DRIVE  
TEQUESTA FL 33469

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10.13.03**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10.13.03 (561) 624-7555**

CR2E040 (7/03)



CRAIG A. PERNA


October 13, 2003

Florida Department of State  
Glenda E. Hood, Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Madam Secretary:

Please reinstate Craig A. Perna, Inc. per the enclosed application. Since I never received the UBR notices, I am requesting to file *without* penalty and have enclosed payment in the amount of \$150.00. Thank you for your assistance with this matter. Please feel free to contact me at (561) 624-7555 with any questions.

Sincerely,



Craig A. Perna  
President

CAP:vmr

cc: Gail J. Perna

Enclosure

C:\My Documents\Victoria\CAP Inc\reinstatement.doc