

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000119996

1. Corporation Name

PERKY CONCOCTIONS, INC.

2. Principal Office Address

2814 CHUMLEIGH CIRCLE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip

32309

Country

USA

3. Mailing Office Address

2814 CHUMLEIGH CIRCLE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip

32309

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida - 11-07-2002**

5. FEI Number
352189151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

04 DEC -6 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2004

7. Name and Address of Current Registered Agent

Name

DR. CYNTHIA GABOURY

Street Address (P.O. Box Number is Not Acceptable)
2814 CHUMLEIGH CIRCLE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code
32309

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

Cynthia Gaboury
REGISTERED AGENT MUST SIGN

Date

12/3/04

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
D.	DR. CYNTHIA GABOURY	2814 CHUMLEIGH CIRCLE	TALLAHASSEE, FLORIDA 32309

3521891515739
12/27/04--01002--002 **750.00

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:

Cynthia Gaboury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/04 1171

Daytime Phone #

CR2001 (01/04)