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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 24 PM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000 120012

1. Corporation Name

PERFECT DISCOUNT SERVICES, INC

2. Principal Office Address

1873 W. FLAGLER ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135

Country

U.S.A.

3. Mailing Office Address

1873 W. FLAGLER ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135

Country

U.S.A.

REINSTATEMENT 03-04

04-23-03 90248 017 \$150.00
04-19-04 90361 012 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

06-1657705

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

ANTONIO GARCIA

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

1873 W. FLAGLER ST MIAMI

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33135

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

Date

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
PRESIDENT	ANTONIO GARCIA	1873 W FLAGLER ST	MIAMI, FL 33135

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-04 (305) 649-4588

CR2E081 (01/04)

Attachment

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Perfect Discount Services, Inc.

1873 West Flagler Street

Miami, Fl. 33135

(305) 649-4588

June 1, 2004

Florida Department of State

Division of Corporations

P.O. Box 6850

Tallahassee, Fl. 33314

RE: ~~Perfect Discount Services, Inc.~~

P02000120012

Dear Sir or Madam:

This letter is on response to the one sent to me on May 25, 2004 and with it I will like to certify that on April 17, 2003 I filed and sent my uniform business report. Further more enclosed you will find a copy of the report and a copy of the money order sent to the Division of corporations for the amount of \$150.00. After that I never received any correspondence form the Division of corporations.

I hope the enclosed information is enough to clarify this problem, so I am also enclosing the uniform business report for 2004 and a copy of the money order for the amount of \$150.00, the original money order was not returned to me together with the form.

If more information is needed please do not hesitate to contact me at the above telephone number.

Sincerely,


Antonio Garcia
President