

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 10 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000032237**

1. Corporation Name

Perryman LATHING & STUSCO INC,

2. Principal Office Address

4853 Old Bainbridge RD
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
→

City & State

TALLAHASSEE FL

City & State

21

Zip

32303

Country

Zip

21

Country

EEON

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 20, 2003

5. FEI Number

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

Donald L Perryman

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

4853 Old Bainbridge RD

Suite, Apt. #, Etc.

City

Tallahassee

300061622723

11/22/05 01041 000 \$1300.00

State

FL

Zip Code

82303

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

Donald L Perryman
REGISTERED AGENT MUST SIGN

Date **Nov 10, 05**

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	Donald L Perryman	4853 Old Bainbridge RD	Tallahassee FL 32303

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 607.0431 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

Donald L Perryman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

I did not receive my 2004 annual Report

A. J. Perryman