

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000130858

Entity Name: C. PERFECT ANGLES, INC.

**FILED**  
**Oct 12, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

4002 13TH ST.  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

4002 13TH ST.  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 41-2116180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRIM, STEVEN T  
4002 13TH ST.  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN TROY CRIM

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CRIM, STEVEN T  
Address: 4002 13TH ST  
City-St-Zip: NICEVILLE, FL 32578 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN TROY CRIM

PRES

10/12/2005

Electronic Signature of Signing Officer or Director

Date