

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 19 PM 12:30

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000060969

1. Corporation Name

PP SALES, INC.

W1-17294

700174853797
04/07/10--01029--004 **600.00

06-10

2. Principal Office Address - No P.O. Box #

5083C LAKE CATALINA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

5083C LAKE CATALINA DR.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33496

Country

US

Zip

33496

Country

US

7. Name and Address of Current Registered Agent

Name

PERLMAN, PHILIP

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

5083C LAKE CATALINA DR.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2004

5. FEI Number

202251966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

700174853797
04/22/10--01004--025 **158.75

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

Philip Perlman

REGISTERED AGENT MUST SIGN

Date

4-4-10

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
P	PERLMAN, PHILIP	5083C LAKE CATALINA DR.	BOCA RATON, FL 33496

M. MILLIGAN
EXAMINER

APR 20 2010

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Philip Perlman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-10