

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 22 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000087279

1. Corporation Name

Perry's Antiques, INC.

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

1075 SW 24th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1075 SW 24th Ave

Suite, Apt. #, etc.

City & State

Baynton Beach FL

Zip	33426	Country	USA
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City & State

Boynton Beach FL

Zip	Country
33426	USA

4. Date Incorporated or Qualified To Do Business in Florida

06/04/2004

5. FEI Number 5508 70314

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 Daniel J Perry

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

1075 SW 24th Ave

Suite, Apt. #, Etc.

City Bounton Beach

State
FL

Zip Code
83426

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

David J B RE

REGISTERED AGENT MUST SIGN

Date 10/20/09

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
PTD	Daniel J Perry	1075 SW 24 th Ave.	Boynton Beach FL 33426
VSD	Jennifer H Perry	1075 SW 24 th Ave.	Boynton Beach FL 33426
	REINSTATEMENT	RH	

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 contained in Chapter 119, 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:

David J B
SIGNATURE AND TYPED OR PRINTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

10/20/09 561.704.6431
Date Daytime Phone #