

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 19 PM 3:11

DOCUMENT # P04000121784

1. Corporation Name

Perfect Cut Of Kissimmee Inc

700089584597
02/27/07--01020--020 **150.00

REINSTATEMENT

CR2E081 (1/07)

0507

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

3430 Fox Crossing Drive

Suite, Apt. #, etc.

3. Mailing Office Address

3430 Fox Crossing Drive

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

Zip

34741

Country

USA

Zip

34741

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2004

5. FEI Number

86-1129351

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

Eric Rodriguez

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

3430 Fox Crossing Drive

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741



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.

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

Eric Rodriguez
REGISTERED AGENT MUST SIGN

Date **01/30/2007**

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	Gabriel Rodriguez	3430 Fox Crossing Drive	Kissimmee, FL 34741
VP	Veronica Rodriguez	3430 Fox Crossing Drive	Kissimmee, FL 34741
S	Veronica Rodriguez	3430 Fox Crossing Drive	Kissimmee, FL 34741

700089584597
02/27/07--01020--021 **308.75

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:

Gabriel Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2007

Date

407-301-0873

Daytime Phone #