

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000091001

FILED  
Sep 18, 2009  
Secretary of State

Entity Name: PERI ENTERPRISES , INC.

**Current Principal Place of Business:**

495 NORWOOD AVE.  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

495 NORWOOD AVE.  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

FEI Number: 20-3057474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PERI, ANTHONY P JR  
495 NORWOOD AVE.  
SATELLITE BEACH, FL 32937 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: ANTHONY PERI

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: D,P ( ) Delete  
Name: PERI, ANTHONY P JR  
Address: 495 NORWOOD AVE.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D,VP (X) Delete  
Name: WATKINS, MATTHEWS  
Address: 562 PLUMBAGO RD NW  
City-St-Zip: PALM BAY, FL 32907

Title: D,VP (X) Delete  
Name: WOODS, ROBERT  
Address: 218 CASSIA BLVD  
City-St-Zip: SATELLITE BEACH, FL 32937

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANTHONY PERI

Electronic Signature of Signing Officer or Director

PRES

09/18/2009

Date