

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 29 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000152467

1. Corporation Name

Perfection Plus Services of
Central Florida, Inc.

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

40010 Augusta Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

PO BOX 327

City & State

Lake Lake, FL

City & State

Fruitland Park FL

Zip

32159

Country

LAKE

Zip

34781

Country

LAKE

REINSTATEMENT CR2E081 (1/07) 06-107

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-16-05

5. FEI Number

☐ 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

Paula Kung

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

40010 Augusta Dr.

Suite, Apt. #, Etc.

City

Lake Lake

State

FL

Zip Code

32159

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**

Paula Kung
REGISTERED AGENT MUST SIGN

Date 10-25-07

☐ 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.

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	Cathryn P Kung	203 E Griffin St	Fruitland park FL 34781
VP	Paula Kung	40010 Augusta Dr.	Lake Lake, FL 32159

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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:

Paula Kung
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-07

Date

352 365 4680

Daytime Phone #