

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 07465

1. Corporation Name

Perry & Co. (Florida)

3039 Premiere Parkway
3039 Premiere Parkway

2. Principal Office Address

3039 Premiere Parkway

3. Mailing Office Address

3039 Premiere Parkway

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Duluth, GA

City & State

Duluth, GA

Zip

30097

Country

USA

Zip

30097

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 9/19/1985

5. FEI Number

58-1033667

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

Carlos Lidsky

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

145 E. 49th Street

Suite, Apt. #, Etc.

City

Hialeah,

State

FL

Zip Code

33013

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

REGISTERED AGENT MUST SIGN

Date Sept. 7, 2004

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, D	Alex J. Campos	3039 Premiere Parkway, Ste 100	Duluth, GA 30097
S	R. Joseph Costanzo, Jr.	3039 Premiere Parkway, Ste 100-D	Duluth, GA 30097

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Joseph Costanzo, Jr

Date

9/7/2004

Daytime Phone #

404-550-1495