Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

PERJOY USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,200.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P08000038014

1. Corporation Name
PERJOY USA, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9481 Highland Oak Drive	9481 Highland Oak Drive
Suite, Apt. #, etc.: Apt. 706	Suite, Apt. #, etc.: Apt. 706
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33467 Country: USA	Zip: 33467 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/14/2008

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: PATRICK IKEKHUA

Street Address (P.O. Box Number is Not Acceptable): 9481 Highland Oak Drive

Suite, Apt. #, Etc.: Apt. 706

City: Tampa State: FL Zip Code: 33467

REINSTATEMENT

APR - 2 2012

R. HUNT

8. I, having 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: PATRICK IKEKHUA, Registered Agent
By: Kristine Roy, as Attorney-in-Fact Date: 4/02/2012
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PATRICK IKEKHUA	9481 Highland Oak Drive Apt. 706	Tampa, FL 33467

10. E-mail Address: _____ (To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: PATRICK IKEKHUA, Director
By: Kristine Roy, as Attorney-in-Fact 4/02/2012 (561) 694-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #