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File 2nd

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

FILED
2024 JUL 30 AM 9:19

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
PERFECT DIMENSION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,500.00

7-30-24

Tammi Cline

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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CR2E081 (11/10)

DOCUMENT # P14000055860

1. Corporation Name
Perfect One Dimension Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7901 4th St N	7901 4th St N
Suite, Apt. #, etc STE 300	Suite, Apt. #, etc. STE 300
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip / Country 33702 / US	Zip / Country 33702 / US

4. Date Incorporated or Qualified To Do Business in Florida: 06/27/2014

5. FEI Number: 47-1233960 ☐ 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: Registered Agents Inc

Street Address (P.O. Box Number is Not Acceptable): 7901 4th St N

Suite, Apt. #, Etc.: STE 300

City: St. Petersburg | State: FL | Zip Code: 33702

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: David Roberts — REGISTERED AGENT MUST SIGN — Date: 07/30/2024

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
DPST	GANZ, ERNEST	7901 4th St N STE 300	St. Petersburg, FL 33702

10. E-mail Address: flfilings@registeredagentsinc.com
(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: Ernest Ganz — 07/30/2024 — 813-575-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #