

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 DEC -6 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012692

1. Corporation Name

D. W. PERRY & COMPANY, INC

2. Principal Office Address

5555 N. OCEAN BLVD

3. Mailing Office Address

5555 N. OCEAN BLVD

Suite, Apt. #, etc.

# 35

Suite, Apt. #, etc.

# 35

City & State

LAUDERDALE BY SEA, FL

City & State

LAUDERDALE BY SEA, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/1992

5. FEI Number

#650375774

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

DAVID W. PERRY

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

5555 N. OCEAN BLVD

Suite, Apt. #, Etc.

# 35

City

LAUDERDALE BY SEA

State  
FL

Zip Code  
33308

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 W. Perry*  
REGISTERED AGENT MUST SIGN

Date 11/30/04

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
Pres/d	DAVID W. PERRY	5555 N. OCEAN #35 L.B.S., FL	LAUD. BY SEA, FL 33308
Secy/d	↓	↓	↓ 33308
Treas/d	↓	↓	↓

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12/06/04--01067--003 \*\*1500.00

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:

*David W. Perry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/04  
Date

954.444.2985  
Daytime Phone #

CR2E081 (01/04)