

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **993000001782**

1. Corporation Name
Perfit Clamping Systems, Inc.

Principal Place of Business Mailing Address
881 S.E. St. Lucie Blvd. Same
Stuart, FL 34996

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1/4/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0387863	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	Del V. Tiegs	881 S.E. St. Lucie Blvd.	Stuart, FL 34996
VD	Randy G. Tiegs	881 S.E. St. Lucie Blvd.	Stuart, FL 34996
D	Carolyn Horchler	881 S.E. St. Lucie Blvd.	Stuart, FL 34996
			000002327000--2
			-10/22/97--01080--006
			****165.00 ****165.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Del V. Tiegs 881 S.E. St. Lucie Blvd. Stuart, FL 34996		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: **Del V. Tiegs** REGISTERED AGENT MUST SIGN Date: **10/16/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: **Del V. Tiegs** **Del V. Tiegs, Pres.** 10/16/97 561-221-9564
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (12/96)