

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 SEP 23 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/25/02--01001--028  
\*\*\*1050.00 \*\*\*1050.00

REINSTATEMENT 00-02

**DOCUMENT #** P95000048946

1. Corporation Name

*Perron*

**PERRON ENTERPRISES INC**

2. Principal Office Address

7274 ONYX DRIVE NORTH

Suite, Apt. #, etc.

3. Mailing Office Address

7274 ONYX DRIVE NORTH

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

Zip

Country

Zip

Country

33702

33702

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/1990

5. FEI Number

59-3044833

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Jack M. Winebrenner

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

3773 Central Avenue

Suite, Apt. #, Etc.

City

St. Petersburg

State

Zip Code

FL

33713-8338

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

*Jack M. Winebrenner*  
REGISTERED AGENT MUST SIGN

Date

9/19/02

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 / Street / Zip
P	Keith Perron	7274 Onyx Drive North	St. Petersburg FL 33702

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)(f), 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:

*Keith Perron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH PERRON

9/19/02

Date

727/526-1854

Daytime Phone #

9/24/02