

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
**Nov 26, 2002 8:00 A.**  
**Secretary of State**

**CORPORATION  
 REINSTATEMENT**



**99-024AR**  
 FLORIDA DEPARTMENT OF STATE  
 Kathleen Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000056517**

1. Corporation Name  
**Perfect Turner Company**

2. Principal Office Address  
**950 SE Monterey Road**

3. Mailing Office Address  
**950 SE Monterey Road**

City & State  
**Stuart FL**

City & State  
**Stuart FL**

4. Date Incorporated or Qualified To Do Business in Florida  
**995**

5. FEI Number  
**650599314**

Zip Country  
**34994 USA**

Zip Country  
**34994 USA**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

Name  
**Clark E. Collins**

Street Address (P.O. Box Number is Not Acceptable)  
**950 SE Monterey Road**

Suite, Apt. #, Etc.

City  
**Stuart**

State Zip Code  
**FL 34994**

388888674909  
 10/29/02--01138--006 \*\*600.00

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 **Clark E. Collins** Date **10/25/2002**

REGISTERED AGENT MUST SIGN

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	Clark E. Collins	950 SE. Monterey Road Stuart, FL 34994	Stuart, FL 34994

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: **Clark E. Collins** Date **10/25/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

**Perfect Putter Company  
950 S. E. Monterey Road  
Stuart, FL 34994**

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November 15, 2002

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Att: Andy Dunlap

Re: Perfect Putter Company  
Federal i. D. 65-0599314  
Letter Number 302A00060559

Dear Mr. Dunlap:

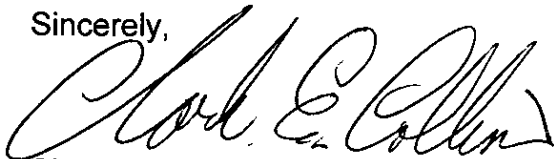
This letter is in response to your letter dated November 7, 2002.

To clarify, we never received the initial reports for 1999, 2000, 2001 or 2002. As stated in my letter of October 25, 2002, the address was not correct. We believe the mail was never forwarded.

Please expedite the reinstatement.

Thank you for your assistance in this matter. If you need to contact me, please call 772-219-3600.

Sincerely,



Clark E. Collins  
President