

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary  
DIVISION OF CORPORATIONS

**DOCUMENT #** DA5000070419

**1. Corporation Name**  
Perfection Plus Contracting, Inc.

**2. Principal Office Address**  
2642 Floral Ave.  
Suite, Apt. #, etc.  
Suite 2  
City & State  
Apopka FL  
Zip  
32703 Country  
USA

**3. Mailing Office Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**FILED**  
01 SEP 10 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**4. Date Incorporated or Qualified To Do Business in Florida** 9/11/95

**5. FEI Number** 59-3344343 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  
James M. Bifano

Street Address (P.O. Box Number is Not Acceptable)  
1925 Tournament Drive

Suite, Apt. #, Etc.  
LS

City  
Apopka

State  
FL

Zip Code  
32712

000004596670--2  
-03/18/01--01030--018  
\*\*\*300.00 \*\*\*300.00

**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 [Signature] Date 8/10/01

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.	James M. Bifano	1925 Tournament Drive	Apopka, FL 32712
VP	Nancy C. Bifano	1925 Tournament Drive	Apopka, FL 32712

**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:** [Signature] **8/10/01** **(407) 445-4848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



## PERFECTION PLUS CONTRACTING, INC.

2012

August 10, 2001

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: FEI #59-3344343

To Whom It May Concern:

This letter is in regards to request that you be so kind to waive the reinstatement fee for Perfection Plus Contracting, Inc.

Apparently, you have a very old address and for some reason it was never forwarded. I have not been at this address for years. Since I had never received the papers to keep the corporation active, I was unaware to the procedures to keep it active! This was brought to my attention just last week.

I recently passed a state license test sponsored by Pinellas County Licensing Board. In the letter of congratulations were forms to qualify the corporation. I went on line and found out the corporation was listed as inactive.

I would be very appreciative if you would waive the reinstatement fee.

Respectfully,

James M. Bifano