

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 15 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P96000033996

1. Corporation Name

Perimex International Corp., a Florida corporation

2. Principal Office Address

601 Brickell Key Drive

Suite, Apt. #, etc.

Suite #705

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

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

04/18/96

5. FEI Number

65-0661248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-00

7. Name and Address of Current Registered Agent

Name

Michael E. Hill

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

601 Brickell Key Drive

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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

Mich DE Hill

REGISTERED AGENT MUST SIGN

Date **11/14/00**

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
P/D	Eduardo Rettori	601 Brickell Key Dr., Ste.705	Miami, Florida 33131
S/D	Michael E. Hill	601 Brickell Key Dr., Ste.705	Miami, Florida 33131

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:

Mich DE Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL E HILL, DIRECTOR

11/14/00

Date

(305) 374-3400

Daytime Phone #

CR2E081 (9/99)