

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

04 MAY -4 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033996

1. Corporation Name

PERIMEX INTERNATIONAL CORP.

2. Principal Office Address

601 BRICKELL KEY DRIVE

3. Mailing Office Address

601 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

SUITE #705

Suite, Apt. #, etc.

SUITE #705

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/1996

5. FEI Number

650661248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-04

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

Name

A1A REGISTERED AGENT INC.

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

92 SADBERRY ROAD

Suite, Apt. #, Etc.

QUINCY, FLORIDA

City

State  
FL

Zip Code  
32351

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

REGISTERED AGENT MUST SIGN

Date

04/22/04

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
PD	EDUARDO RETTORI	601 BRICKELL KEY DRIVE	MIAMI FL 33131

100036192011  
05/12/04--01030--012 \*\*450.00

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:

EDUARDO RETTORI

Date

04/13/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (9/01)

2004

DATE: 04/13/2004

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FROM: EDUARDO RETTORI  
**PERIMEX INTERNATIONAL CORP.**

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY  
MAIL.

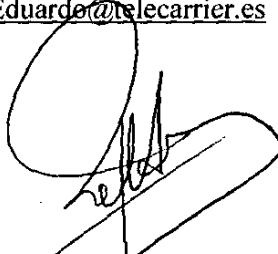
*FOR THE YEARS 2002, 2003 & 2004*

PLEASE FILE OUR REINSTATMENT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 34-871-931111

Email Address is: Eduardo@telecarrier.es

THANKS,



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EDUARDO RETTORI, PRESIDENT  
**PERIMEX INTERNATIONAL CORP.**