2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 26 AM 11:18

DOCUMENT # P96000092269

1. Entity Name
PLANET PERFECT, INC.

Principal Place of Business	Mailing Address
375 E CENTRAL AVE WINTER HAVEN, FL 33880	375 E CENTRAL AVE WINTER HAVEN, FL 33880

10022008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	107 HILLTOP DR. Suite, Apt. #, etc
City & State	City & State: WINTER HAVEN FL
Zip / County	Zip: 33881 County: Polk

4. FEI Number: 59-3407599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AARON, MARCIE 375 E. CENTRAL AVE WINTER HAVEN, FL 33880	Name: Aaron, Marcie Street Address (P.O. Box Number is Not Acceptable): 107 Hilltop Dr City: Winter Haven FL Zip: 33881

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: M Aaron
Signature of member or authorized representative of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCIE, AARON 375 E. CENTRAL AVE WINTER HAVEN, FL 33880	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marcie Aaron 107 Hilltop Dr WINTER HAVEN, FL 33881 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000139488310 01/05/09--01064--010 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000139488310 02/20/09--01001--001 **165.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 2/24/09 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	08-09 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M Aaron 12/31/08 863/293-1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #