

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000008820

1. Corporation Name

PEREFURO ENGINEERING TECH., INC.

Principal Place of Business

Mailing Address

4601 N.W. 183RD STREET
SUITE H11
MIAMI FL 33055

P.O. BOX 541524
ORLA LOCKA FL 33054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 541524

ORLA LOCKA, FL

33054 MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1997

5. FEI Number

65-0725719

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	MC PEREBO, ISAAC	4601 N.W. 183RD STREET, SUITE H-	MIAMI FL 33055
VTD	MC PEREBO, IBIFURO	4601 N.W. 183RD STREET, SUITE H-	MIAMI FL 33055

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****150.00 ****150.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLAIGBE, OLA
18441 N.W. 2ND AVENUE
SUITE 220
MIAMI FL 33169

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/02/2001

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)