

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -3 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000023542

1. Corporation Name

ROBERTA PERRY, LMT, INC.

Principal Place of Business

~~245 40TH STREET WEST~~
~~BRADENTON, FL 34209~~

Mailing Address

~~245 40TH STREET WEST~~
~~BRADENTON, FL 34209~~

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

2. New Principal Office Address, If Applicable

3915 8TH AVE. W.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3915 8TH AVE. W.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1997

5. FEI Number

65-0736121

Applied For

Not Applicable

City & State

BRADENTON, FL 34205

City & State

BRADENTON, FL 34205

Zip

34205

Country

USA

Zip

34205

Country

USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ROBERTA A. PERRY	6719 12TH AVE. NW	BRADENTON, FL 34209

500003133235--1
-02/11/00--01113--002
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERTA A. PERRY

~~245 40TH ST. WEST~~
~~BRADENTON, FL 34209~~

Name

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

6719 12TH AVE. NW

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34209

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

Roberta Perry

REGISTERED AGENT MUST SIGN

Date 1-30-00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Roberta Perry

ROBERTA A. PERRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-764-6977

Daytime Phone #

CR2E040 (1/98)