

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 16 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000027915

1. Corporation Name

PERMA-BOND CORPORATION

2. Principal Office Address

4987 N. UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAUDERHILL FL

City & State

Zip

33351

Country

USA

Zip

Country

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

3-24-97

5. FEI Number

65-0769392

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name R W FORESTER

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

4987 N. UNIVERSITY DR.

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33351

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

R W Forester

REGISTERED AGENT MUST SIGN

Date 5-13-03

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
C-T	R.W. FORESTER	4987 N UNIVERSITY DR	LAUDERHILL FL 33351

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:

R W FORESTER
R W Forester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-03

Date

954-741-5526

Daytime Phone #

CR2E081 (10/02)



THE PERMABOND CORPORATION
4987 North University Drive
Fort Lauderdale, Florida 33351

Telephone: (954) 741-5526
(800) 557-5883

May 13, 2003

TO: DEPARTMENT OF STATE, DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

SUBJECT: 203. REINSTATEMENT (CORP)

WE DID NOT RECEIVE A 2002 UBR DUE TO A CHANGE OF MAILING ADDRESS.

UPON OUR INQUIRY FOR A FOR REPORT FORM FOR 2003, WE WERE ADVISED OUR CORPORATION
WAS DISOLVED ON OCT. 4, 2002.

I HAVED ENCLOSED A REINSTATEMENT FORM AND OUR CHECK FOR \$300.00 - \$150.00 FOR
2002 AND 2003.

CORDIALLY,

R.W. FORESTER, Chairman