

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 JUL 10 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000036955**

1. Corporation Name

Peremans, Inc.

REINSTATEMENT

2001-2002

2. Principal Office Address

119 Franklin Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 250

Suite, Apt. #, etc.

City & State

St. George Island, FL

Zip

Country

32328

US

City & State

Papalashicola, FL

Zip

Country

32329

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3500138

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Olivier Ducimetiere - Monod

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

119 Franklin Blvd

Suite, Apt. #, Etc.

City

St. George Island, FL

State
FL

Zip Code

32328

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

OLIVIER DUCIMETIERE - MONOD
REGISTERED AGENT MUST SIGN

Date

7/9/2

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
PCDT	DUCIMETIERE - MONOD OLIVIER	119 FRANKLIN BLVD	ST. GEORGE ISLAND, FL 32328

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OLIVIER DUCIMETIERE MONOD

Date

7/9/2

Daytime Phone #

849-7999