

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 SEP 19 AM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000042085

1. Corporation Name

Perry Properties, Inc.

2. Principal Office Address - No P.O. Box #

1802 N Howard Ave

Suite, Apt. #, etc.

Unit 45010

City & State

Tampa, FL

Zip

33677-9100

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/1997

5. FEI Number

65-0773701

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Perry Gagliano

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

1802 N Howard Ave

Suite, Apt. #, Etc.

Unit 45010

City

Tampa

State

FL

Zip Code

33677

\$1800.00
2009-2016
Print.
500291096965
10/11/16--01001--013 **1835.00

10-4-16
DC

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

Date

9/13/16

REGISTERED AGENT MUST SIGN

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
p/d	Perry Gagliano	1802 N Howard Ave Unit 45010	Tampa, FL 33677-9100

10. E-mail Address: Perryg11@Hotmail.Com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/16

Date

Daytime Phone #