| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM (00) | | | | | | | | | | 10012 | |
|--|--------------------------------|-------------------------------|--------------------|---|-------------|---------------------|---|----------------------------|----------|-------------|--|
| APPLICATION FLORIDA DEPARTMENT OF Katherine Harris Secretary of State | | | | | | | 2001 | i UBI | | | |
| REINSTATEMENT DIVISION OF CORPORATION | | | | | | ATIONS | FILED | | | | |
| DOCUMENT # P97000043791 1. Corporation Name | | | | | | | 01 NOV -5 AM 9: 21 | | | | |
| PERLMAN MANAGEMENT CORP. | | | | | | | SECRETARY:OF-STATE TALLAHASSEE FLORIDA | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | | |
| 3200 SW 42 HOLLYWOO | | | | 3200 SW 42 ST HOLLYWOOD FL 33312 | | | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter of 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. | | | | | | | Date Incorpor To Do Busin | orated or Qualified | 07/10/10 | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, | Suite, Apt. #, etc. | | | 05/19/1997 5. FEI Number Applied For | | | | |
| City & State | 9 | | City & State | City & State_ | | | 65-0773607 Not Applicable | | | | |
| Zip Country | | | Zip | Zip Country | | | 6. CERTIFICATE OF STATUS DESIRED (S8.75 Additional Fee required for a Certificate of Status | | | | |
| 7. Names | and Street Ac | Idresses of Each Officer and | l/or Director (Flo | rida nonprof | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Title(s) | | | | Street Address of Each Officer and/or Director | | | | | | | |
| PSTD | PERLMAN, MICHAEL 3200 SW 42 ST | | | | 42 ST | | HOLLYWOOD FL 33312 | | | | |
| D | PERLMAN, BRUCE 3200 SW 42 S | | | | 42 ST | HOLLYWOOD FL 33312 | | | | | |
| | | | | - | | | 1000047193916 -12/11/0101084008 | | | | |
| | | | | | | | | ****150.00 ****150.00 ^ | | | |
| | | | | | | | | VM | | | |
| | | | | | | | | | | | |
| Name and Address of Current Registered Agent Name | | | | | | | 9. Name and Address of New Registered Agent | | | | |
| SINGER, BERNARD A Street Address | | | | | | | P.O. Box Number is Not Acceptable) | | | | |
| 4925-A SHERIDAN ST HOLLYWOOD FL 33021 | | | | | | Suite, Apt. #, Etc. | | | | | |
| | | | | | | City State Zip Code | | | | | |
| 10. I, being | appointed th | ne registered agent of the ab | ove named corpo | oration, am f | amiliar wit | th and accept the o | bligations of Section | on 607.0505, F.S. | F L. | | |
| | | <i>M</i> | ! / | | | | | | | | |
| Signature o Registered | | | To Li | • | | | | Date | 131/01 | | |
| 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 filling 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 quaffly 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 # | | | | | | | | | | | |

Bernard A. Singer, P.A.

REPLY TO:

HOLLYWOOD OFFICE

Jal 2

Bernard A. Singer, Esq. Board Certified Tax Lawyer

HOLLYWOOD: 4925 Sheridan Street Suite A Hollywood, Florida 33021

BOCA RATON: 5100 Town Center Circle Suite 430 Boca Raton, Florida 33486

November 1, 2001

Division of Corporations Registration Section 409 East Gaines Street Tallahassee, Florida 32399

Re: Perlman Management Corp.

Dear Sir/Madam:

Enclosed is the Application for Reinstatement for Perlman Management Corp., Inc. along with my check in the amount of \$150 in payment of the annual fee.

Due to a turnover in personnel, my client did not become aware of this late filing until he received the attached Application for Reinstatement. Accordingly, it would be greatly appreciated if you would waive any penalties with this filing. My client always files timely reports to my knowledge and this inadvertent non-receipt of the report form is the reason for the lateness

Thank you in advance for your courtesies in this matter.

Of Counsel:

Stephen L. Cohen, Esq. Admitted in New York

TELEPHONES:

Hollywood: (954) 985-8600 Fort Lauderdale: (954) 423-4400 Boca Raton: (561) 347-0577 Miami-Dade: (305) 892-8512 Telecopier: (954) 985-8477 E-Mail: BernieSinger@lawyer.com

-Very truly yours,

Bernard A. Singer, Esq. BAS/blz

Enclosures

cc: Mr. Eric Beazley (without enclosures)

W:\Periman, Robert\Periman Mgmt Corp\Correspondence\FLDeptofState.ltr