

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 16 PM 4:14

DOCUMENT # P97000047366

1. Corporation Name

PEACE OF MIND SERVICES, INC.

Principal Place of Business

21080 SW 240 ST
HOMESTEAD FL 33031
US

Mailing Address

21080 SW 240 ST
HOMESTEAD FL 33031
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1997

5. FEI Number

65-0773533

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	PEREZ, JOSE J	21080 SW 240 ST	HOMESTEAD FL 33031
DVT	PEREZ, TERRY MEDINA J	21080 SW 240 ST	HOMESTEAD FL 33031
			100003436211--0 -10/24/00--01020--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

PEREZ, JOSE J
21080 SW 240 ST
HOMESTEAD FL 33031

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-11-00

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/00 (305) 248-4600

CR2EM40 (8/00)

To: Florida department of State

**From: Peace of Mind Services
Terry Medina Perez**

Dear Sir or Madamme:

I am sending you a check for 150.00 which is the amount I always send for my corporation annually as per my conversation with Shawn on October 12. 2000. I explained to him that I never received any papers prior to this one of dissolution. I have been sick for the last six months but all my bills have been paid and all my taxes have been paid on time for the past 2 to 3 years I have paid the corporation bills on time, please check and you will see I' m telling you the truth.

Please any information you need don't hesitate to call me, thank you for your cooperation in this matter.

Sincerely yours

**Jose J. Perez/ Terry L. Medina-Perez
305-248-4600
21080 S. W. 240 ST
Homestead, Fl. 33031**