

H99000015694

APPROVED
AND
FILED
50 JUN 29 PM 3:45SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000054013 1. Corporation Name PERMASTOPRUST (INTERNATIONAL), INC.			
Principal Place of Business		Mailing Address	
REINSTATEMENT 98-09			
2. Principal Place of Business 21 205 Worth Avenue, Suite 201 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 Worth Avenue Building City & State 23 Palm Beach FL		27 City & State 28	
24 33480 Zip 25 County		29 Zip 30 County	
3. Date Incorporated or Qualified 6/17/97		3a. Date of Last Report	
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent			
J. Paul Hines 205 Worth Avenue, Suite 201 Worth Avenue Building Palm Beach, FL 33480			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.1308, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE <u>J. Paul Hines</u> J. Paul Hines by G.K. Kuroda as attorney-in-fact 6/28/99			
Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-STATE-ZIP	
8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-STATE-ZIP		9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-STATE-ZIP	
10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-STATE-ZIP		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-STATE-ZIP	
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP	
14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-STATE-ZIP		15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-STATE-ZIP	
16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-STATE-ZIP		17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-STATE-ZIP	
18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-STATE-ZIP		19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-STATE-ZIP	
20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-STATE-ZIP		21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-STATE-ZIP	
22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-STATE-ZIP		23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-STATE-ZIP	
24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY-STATE-ZIP		25.1 TITLE 25.2 NAME 25.3 STREET ADDRESS 25.4 CITY-STATE-ZIP	
26.1 TITLE 26.2 NAME 26.3 STREET ADDRESS 26.4 CITY-STATE-ZIP		27.1 TITLE 27.2 NAME 27.3 STREET ADDRESS 27.4 CITY-STATE-ZIP	
28.1 TITLE 28.2 NAME 28.3 STREET ADDRESS 28.4 CITY-STATE-ZIP		29.1 TITLE 29.2 NAME 29.3 STREET ADDRESS 29.4 CITY-STATE-ZIP	
30.1 TITLE 30.2 NAME 30.3 STREET ADDRESS 30.4 CITY-STATE-ZIP		31.1 TITLE 31.2 NAME 31.3 STREET ADDRESS 31.4 CITY-STATE-ZIP	
32.1 TITLE 32.2 NAME 32.3 STREET ADDRESS 32.4 CITY-STATE-ZIP		33.1 TITLE 33.2 NAME 33.3 STREET ADDRESS 33.4 CITY-STATE-ZIP	
34.1 TITLE 34.2 NAME 34.3 STREET ADDRESS 34.4 CITY-STATE-ZIP		35.1 TITLE 35.2 NAME 35.3 STREET ADDRESS 35.4 CITY-STATE-ZIP	
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86.1 TITLE 86.2 NAME 86.3 STREET ADDRESS 86.4 CITY-STATE-ZIP		87.1 TITLE 87.2 NAME 87.3 STREET ADDRESS 87.4 CITY-STATE-ZIP	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.			
SIGNATURE <u>J. Paul Hines</u> J. Paul Hines by G.K. Kuroda as attorney-in-fact 6/28/99 305-672-0686			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Business Phone			

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Florida Department of State
Division of Corporations
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 Account Number : 110432003053
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CORPORATION REINSTATEMENT

PERMASTOPRUST (INTERNATIONAL), INC.

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