

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 23 AM 11:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000067346**

1. Corporation Name

PERII SOFTWARE, INC.

Principal Place of Business

Mailing Address

555 ASHWELL COURT
 MELBOURNE FL 32940

555 ASHWELL COURT
 MELBOURNE FL 32940



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/01/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3479416	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WITCHER, JAMES E	555 ASHWELL COURT	MELBOURNE FL 32940
			600002704096--7
			-12/04/98--0116--002
			***750.00 ***750.00
			REINSTATEMENT 98
			11/25/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WITCHER, JAMES E 555 ASHWELL COURT MELBOURNE FL 32940	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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

James E Witcher

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-18-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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:

James E Witcher
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-98

Date

407-253-6091

Daytime Phone #

CR2E040 (9/98)