

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 DEC 21 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000104291

1. Corporation Name

PERGIL ENTERPRISES, INC.

Principal Place of Business

1930 N.E. 151ST STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

1930 N.E. 151ST STREET
NORTH MIAMI BEACH FL 33162



REINSTATEMENT 98

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.		12/11/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0796032	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Shimon Kochavi	19218 E. Country club Dr	Aventura, FL 33180

7000002724317-2
-12/29/98-01016-004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KOCHAVI, SHIMON
19218 E. COUNTRY CLUB DRIVE
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name Shimon Kochavi
Street Address (P.O. Box Number is Not Acceptable) 19218 E. Country club Drive
Suite, Apt. #, Etc.
City Aventura State FL Zip Code 33180

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

Shimon Kochavi

REGISTERED AGENT MUST SIGN

REQUIRED

Date

12-17-98

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:

Shimon Kochavi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-12-98

Daytime Phone #

305-932-6197