

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000033968**

1. Corporation Name

**PERMA-FLO, INC.**

Principal Place of Business

~~915 DIPLOMAT DR  
SUITE 100 E  
DEBARY FL 32713~~

Mailing Address

195 W BLUE SPRINGS AVE  
ORANGE CITY FL 32763-6509



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

2. New Principal Office Address, If Applicable

195 W. Blue Springs Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Orange City, FL  
Zip 32763 Country USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/01/1999**

5. FEI Number

**59-3572890**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GRAHAM, JOHN H	1670 TIMBER EDGE DR	DELAND FL 32724
S	GRAHAM, ANN Y	1670 TIMBER EDGE DR	DELAND FL 32724

900009213889  
11/26/02--01003--004 \*\*150.00

8. Name and Address of Current Registered Agent

GRAHAM, ANN Y  
1670 TIMBER EDGE DRIVE  
DELAND FL 32724

9. Name and Address of New Registered Agent

Name

ANN GRAHAM

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

1670 TIMBER

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

Ann Graham  
REGISTERED AGENT MUST SIGN

Date

11/15/02

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:

Ann Graham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

Date

11/15/02

Daytime Phone #

(352) -  
267-2345



Keeping *Your* lawn  
"Forever Green"

November 15, 2002

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Attention: Reinstatement

Dear Sir or Madam:

Please process the attached application for reinstatement. Our check for \$150.00 is enclosed. We are hereby requesting a waiver of the penalty as we did not receive either of the two prior UBR notices, and thus could not process.

If you have any question, please call me at: 352-267-2345.

I appreciate and thank you in advance for your kind consideration and processing of this application.

Sincerely yours,

Ann Graham  
Director and CFO

Cc: files