

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 AM 11:43

DOCUMENT # P99000078439

1. Corporation Name

A PERFECT DAY INC.

Principal Place of Business

Mailing Address

411 AUSTRALIAN AVENUE  
PALM BEACH FL 33480

411 AUSTRALIAN AVENUE  
PALM BEACH FL 33480

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

09/01/1999

5. FEI Number

65-0944695

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| D             | SUMMERS, MICHAEL                          | 411 AUSTRALIAN AVENUE                                  | PALM BEACH FL 33480     |
| D             | BLAKE, MARCIE                             | 411 AUSTRALIAN AVENUE                                  | PALM BEACH FL 33480     |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

100003433801--1  
-10/20/00--01070--004  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

10/10/19

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

Name

Marcie Summers

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

411 Australian Avenue

Suite, Apt. #, Etc.

Palm Beach

City

State

FL

Zip Code

33480

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

Marcie Summers

REGISTERED AGENT MUST SIGN

Date 10-13-00

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:

Marcie Summers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-00 (561)832-

Date

Daytime Phone #

1462

CR20040 (8/00)