

PS 1 Q2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -9 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S03662

1. Corporation Name

PermaFrame, Inc

2. Principal Office Address

7040 W Palmetto PK Rd

Suite, Apt. #, etc.

#4-613

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

7040 W Palmetto PK Rd

Suite, Apt. #, etc.

4-613

City & State

Boca Raton, FL

Zip

33433

Country

USA

REINSTATEMENT 00-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/28/90

5. FEI Number

650224922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Forman

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

2101 W. Commercial Blvd

Suite, Apt. #, Etc.

4100

City

Ft. Lauderdale, FL

State

FL

Zip Code

33309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

2/16/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-2	Jonathan Yesbick	7040 W. Palmetto PK Rd #4-613	Boca Raton, FL 33433

10. 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Feb 16, 04 5/847755

Daytime Phone #

CR2E081 (01/04)



PermaFrame®, Inc.

The
Monument
Picture Frame Company



PermaPorcelain™

To Whom It may Concern,

Please find enclosed a check for
our coporate reinstatement. The reason
it was not payed pryor was that
we had moved and did not
receive the bill. If you have any
question please contact me at
561-347-7557.

Thank You

Tara Yesbick.

PMB 613

7040 W. Palmetto

Park Rd. #4

Tel: 800-55-PERMA

Boca Raton, FL Tel: 561-347-7557

Florida 33433 Fax: 561-347-6206

www.permaframe.com