

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

300030066703  
03/09/04--01038--010 \*\*758 75

**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

REGISTERED AGENT MUST SIGN

Date

2/16/04

**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
<u>P-2</u>	<u>Jonathan Yesbick</u>	<u>7040 W. Palmetto PK Rd #4-613</u>	<u>Boca Raton, FL 33433</u>

**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

Date

Feb 16, 04

Daytime Phone #

5347755

CR2E081 (01/04)



PermaFrame®, Inc.

The  
Monument  
Picture Frame Company



PermaPorcelain™

To Whom It may Concern,

Please find enclosed a check for  
our corporate reinstatement. The reason  
it was not payed prior 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