


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
1997 FOR AR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV -6 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S27619

1. Corporation Name
F.I.M.M., INC.

Principal Place of Business: **2455 E GUNRISE BLVD SUITE 303 FT LAUDERDALE FL 33304**
Mailing Address: **2455 E GUNRISE BLVD SUITE 303 FT LAUDERDALE FL 33304**



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

2. New Principal Office Address, If Applicable 48 ISLA Bahia Dr. FT LAUDERDALE FLORIDA 33316 BROWARD		3. New Mailing Office Address, If Applicable 48 ISLA Bahia Drive FT LAUDERDALE FLORIDA 33316 BROWARD		4. Date Incorporated or Qualified To Do Business in Florida 01/28/1991
5. FEI Number 65-0003725		Applied For <input checked="" type="checkbox"/> Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PERRI, PETER	2455 E GUNRISE BLVD 48 ISLA Bahia Drive FT LAUDERDALE FL 33316	FT LAUDERDALE FL
D	Joyce Perri	SAME	
D	Peter Perri III	SAME	
			600002345476-6 -11/12/97-01121-003 ****558.75 ****558.75
			500 11-6-97

8. Name and Address of Current Registered Agent PERRI, PETER 2455 E GUNRISE BLVD SUITE 303 FT LAUDERDALE FL 33304	9. Name and Address of New Registered Agent Name: Peter Perri III Street Address (P.O. Box Number is Not Acceptable): 48 Isla Bahia Drive Fort Lauderdale FL 33316 Suite, Apt. #, Etc.: Fort Lauderdale FL 33316 City: Fort Lauderdale State: FL Zip Code: 33316
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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: **Peter Perri III** **Peter Perri** Date: **11-6-97**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No *** See attached letter** (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: **Peter Perri** 11-6-97 954-462-1454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)



11-6-97

Ref: FImm, INC.
FEI # 65-0003725

To whom It May Concern:

On July 1, 1997 I sent a ck for 558.75 to cover tax for FImm, INC. I called your office and they said they returned a check to me — but they sent it to the wrong address — We never received it back.

Enclosed new check for 558.75 to cover tax plus certificate (8.75) of status.

Thank you

Joyce O. Perri
48 Isla Bahia Muni
Fort Lauderdale, FL
33316

954-462-1454

* Note
corrected
addresses