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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 PM 2:44

DOCUMENT # **S43058**

1. Corporation Name

PERFECT MATCH, INC

500082617815
12/18/06--01052--004 **300.00

2. Principal Office Address

**957 NE MARANTA
TENSEN BEACH FL 34957**
Suite, Apt. #, etc.

3. Mailing Office Address

**PERFECT MATCH W06-54274
SAME AS #2**
Suite, Apt. #, etc.

City & State

TENSEN BEACH FL

City & State

TENSEN BEACH FL

Zip

34957

Country

MARTIN

Zip

34957

Country

MARTIN

4. Date Incorporated or Qualified
To Do Business in Florida

4-30-1991

5. FEI Number

65-0287649

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

WILLIAM BURDETTE

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

957 NE MARANTA GERRARD

Suite, Apt. #, Etc.

City

TENSEN BEACH

State

FL

Zip Code

34957

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

William Burdette

Date

12/14/06

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.D.	WILLIAM BURDETTE	957 NE MARANTA GERRARD	TENSEN BEACH FL 34957

500082617815
01/25/07--01009--013 **150.00

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 contained in Chapter 119, 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:

William Burdette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/06

Daytime Phone #

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Perfect Match, Inc.
Stuart, Florida 34995

12/17/2006

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

Dear Agent;

Enclosed is a completed CORPORATION REINSTATEMENT form for Perfect Match, Inc. I have also included a check for \$ 300.00 for the reinstatement and would like to state a reason for the lack of payment for the annual fee.

There was a time during the year of 2005 when mail was not delivered to the P.O. box in Stuart, Florida and the Post Office was having a problem with the P.O. boxes. I did not received the notifications of the annual fee and would ask relief of the restatement fee.

Thank you for your time and consideration of this matter.



William Burdette