


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

02 MAR 22 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S60589

1. Corporation Name

Perch, Inc.

REINSTATEMENT 01-02

2. Principal Office Address

100 2nd Avenue South

Suite, Apt. #, etc.

#1000

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Office Address

100 2nd Avenue South

Suite, Apt. #, etc.

#1000

City & State

St. Petersburg, FL

Zip

33701

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-17-91

5. FEI Number

59-3107208

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 P. Gordon

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

100 2nd Avenue South

Suite, Apt. #, Etc.

#1000

City

St. Petersburg

State
FL

Zip Code
33701

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

Robert P. Gordon
REGISTERED AGENT MUST SIGN

Date

3/21/02

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
DP	Gordon, Robert P.	93 Central Avenue	St. Petersburg, FL 33701
VPST	Olson, Richard	93 Central Avenue	St. Petersburg, FL 33701

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****943.75 ****908.75

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:

Robert P. Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert P. Gordon 3/21/02 727-822-7011

Date

Daytime Phone #

CR2E081 (9/01)