APPLICATION
FOR
REINSTATEMENT
FOR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

99 MAR -9 AM 8:53

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation DOCUMENT # V10571

PERFICON ENTERPRISES, INC.
1907 North Surf Road
Hollywood, Florida 33019

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

REINSTATEMENT 9-12-99

3. Date Incorporated or Qualified To Do Business in Florida 01/30/92

4. FEI Number 65-0316983

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
DPS	PIETRO CONTRINO	1907 North Surf Road	Hollywood, Florida 33019
			700001285011 3917--01 -03/10/99--01102--009 ***1208.75 ***1208.75

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☐ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

PIETRO CONTRINO
1907 North Surf Road
Hollywood, Florida 33019

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip Code

8. 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 X _____ Date 3/4/99

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director X _____ Date 3/4/99 Phone # (954) 533 0540

Typed or printed name of signing officer or director _____

10. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☒

$8.75 Additional Fee is required for a certificate