

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

FILED

02 FEB -7 PM 2:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V28973

1. Corporation Name ALONZO PERKINS, INC.

Principal Place of Business

6920 NW 26TH ST MARGATE FL 33063 US

Mailing Address

7700 WILES ROAD CORAL SPRINGS FL 33067 US



600005026526--7 -02/28/02--01044--012

****300.00 ****300.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

6920 NW 26th Street

Margate, Florida

33063

USA

4. Date Incorporated or Qualified To Do Business in Florida

04/10/1992

5. FEI Number

65-0330801

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
D	PERKINS, ALONZO V.	6920 NW 26TH ST	MARGATE FL

600005026526--7 -02/28/02--01044--013 ****600.00 ****600.00

REINSTATEMENT 01-02 TR

8. Name and Address of Current Registered Agent

PERKINS, ALONZO V. 6920 NW 26TH ST MARGATE FL 33063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

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

Alonzo V. Perkins REGISTERED AGENT MUST SIGN

Date

1/18/02

11. 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:

Alonzo V. Perkins SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E040 (8/01)