

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 18 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V28973

1. Corporation Name

**ALONZO PERKINS, INC.**

REINSTATEMENT 03-04

2. Principal Office Address

9747 NW 136 Drive

Suite, Apt. #, etc.

City & State

Alachua, Florida

Zip

32615

Country

United States

3. Mailing Office Address

9747 NW 136 Drive

Suite, Apt. #, etc.

City & State

Alachua, Florida

Zip

32615

Country

United States

400030709564  
03/18/04--01022--013 \*\*300.00

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. Name and Address of Current Registered Agent**

Name

Perkins, Alonzo V.

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

9747 NW 136 Drive

Suite, Apt. #, Etc.

City

Alachua, Florida

State

FL

Zip Code

32615

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

Date

3/15/2004

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	Perkins, Alonzo V.	9747 NW 136 Drive	Alachua, Florida 32615

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)(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

3/15/2004

Daytime Phone #

(386)418-0367 (954)240-1023

CR2001 (01/04)

**ALONZO PERKINS, INC.**  
**REAL ESTATE APPRAISERS & CONSULTANTS**



March 15, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

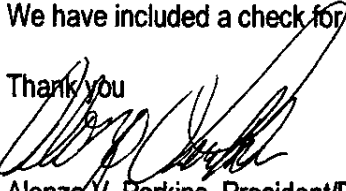
**Re: Request for Waiver of Re-instatement fee**

To Whom It May Concern:

We are requesting a waiver of the re-instatement fee due to non-receipt of our annual forms. As can be seen on the attached 2002 filing, the mailing address for the corporation was in Margate, Florida. However, since that time we have moved to the address listed on this re-instatement application. Apparently, our accountant has not been changing the mailing address and we have been required to re-instate for past 2 to 3 years. This problem is being solved.

We have included a check for the amount indicated on the automated phone message.

Thank you

  
Alonzo V. Perkins, President/Director  
Alonzo Perkins, Inc.