

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP -2 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V30792

1. Corporation Name

PER TUTTI, INC.

Principal Place of Business

Mailing Address

**1799 North State Road 7
Bay 12
Margate, Florida 33063**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

April 20, 1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0330134

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 Date of Election
P	John Dima	891 S.W. 49th Circle	600002285216-8 -09/04/97-01102-004 ***1080.00 ***1080.00
V	Frank Dima	891 S.W. 49th Circle	Margate, FL 33063
S	Giovanni Dima	891 S.W. 49th Circle	Margate, FL 33063
T	Nicholas Dima	891 S.W. 49th Circle	Margate, FL 33063

REINSTATEMENT - 95-97
SL9-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

John Dima

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

1799 North State Road 7

Suite, Apt. #, Etc.

Bay 12

City

Margate

State

FL

Zip Code

33063

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

REGISTERED AGENT MUST SIGN

Date **8.29.97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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:

John Dima, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.29.97 (84) 968-6555
Date Daytime Phone #

CFR2040 (12/95)