

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 12 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **447667**

1. Corporation Name
PERFORMANCE AUTOMOTIVE INC.

2. Principal Office Address
2368 Brookside Dr.

3. Mailing Office Address
2368 Brookside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Melbourne, FL.

City & State
Melbourne, FL.

4. Date Incorporated or Qualified
To Do Business in Florida **03/15/74**

5. FEI Number
59-1592531

Applied For
Not Applicable

Zip **32903** Country
BREVARD

Zip **32903** Country
BREVARD

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard Small

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

2368 Brookside Drive

Suite, Apt. #, Etc.

City

Melbourne,

State
FL

Zip Code
32903

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **01/10/00**

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
PRESIDENT	RICHARD SMALL	2368 Brookside Dr.	Melbourne, FL. 32903
TREASURER	RICHARD SMALL	" "	" "
SECRETARY	RICHARD SMALL	" "	" "

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*****2930.00 ***2930.00**

REINSTATEMENT 76-001 TS

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: x

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/00

Date

321-288-7440

Daytime Phone #

CR2E081 (9/99)