

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

(H 0000000 81257)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 FEB 24 AM 10:56

DOCUMENT # P96000069552

1 Corporation Name PERFORMA IMPORT & EXPORT, INC.

Principal Place of Business Mailing Address 1600 NW 135 Street Unit 306 Miami, FL 33181

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

2 New Principal Office Address, if Applicable 1460 S. Semoran Blvd Suite, Apt. #, etc Orlando, FL 32807 US
3 New Mailing Office Address, if Applicable Suite, Apt. #, etc City & State Zip Country
4 Date Incorporated or Qualified To Do Business in Florida
5 FEI Number Applied For Not Applicable
6 CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Pres Jose Tricoche, Vice Edna Tricoche, Secy Julio Martell, Treas Aida Galindez.

8. Name and Address of Current Registered Agent Coser, Jose A 1600 NW 135 Street Unit 306 Miami, FL 33181 US
9. Name and Address of New Registered Agent Name Jose Tricoche Street Address (P.O. Box Number is Not Acceptable) 1460 S. Semoran Blvd. Suite, Apt. #, Etc Orlando FL 32807

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 Date 2/22/00 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X (See other side for information on intangible tax.)

12 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 807.0401 or 817.0401, 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: Jose Tricoche SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/22/00 Daytime Phone # (409) 273-0309

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : INTERLINK TRADE & COMMERCE., CORP.
Account Number : I19990000277
Phone : (800)986-3620
Fax Number : (800)988-0199

CORPORATION REINSTATEMENT

PERFORMA IMPORT & EXPORT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,208.75