

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED
AND
FILED

98 OCT 27 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FQ2003**

1. Corporation Name
**High Performance Associates
dba Inc. Eagles**

W08000022471

Principal Place of Business

Mailing Address

**P.O. Box 1708
Orlando FL 32802-1708**

REINSTATEMENT 97-98

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

P.O. Box 1708

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

Zip

Country

Zip
32802-1708

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
1981

5. FEI Number

59-2940389

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Mark Helow	8350 meadow View Ct, #22	Park City, Utah 84098
V.P. operations	Lara Triozzi	145 Wiskeria Drive	Longwood, FL 32779

**6100002676816--2
-10/30/98--01057--016
****900.00 ****900.00**

1028-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Lara Triozzi
14 E. Washington St.
Suite 304
Orlando, FL 32801**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Date

Signature of Registered Agent

Mark Helow
REGISTERED AGENT MUST SIGN

This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(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 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: **Mark J. Helow**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK HELOW, PRESIDENT

9/28/98

Date

700-900-4441

Daytime Phone #

CR20040 (1/98)