

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 23 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F59519

1. Corporation Name

PERFORMANCE PARTS, INC.

Principal Place of Business

Mailing Address

819 N MAGNOLIA AVENUE
OCALA FL ~~32670~~

819 N MAGNOLIA AVENUE
OCALA FL ~~32670~~



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

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1981

Suite, Apt. #, etc.

-Suite, Apt. #, etc.

5. FEI Number

59-2153344

Applied For

Not Applicable

City & State

City & State

Zip

34475

Country

Zip

34475

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GUINN, N. CRAIG	819 N MAGNOLIA AVENUE	OCALA, FL 00000
STD PD	ROBERTS, WILLIAM	819 N MAGNOLIA AVENUE	OCALA, FL 00000 34475
VD	WHITTEN, JOHN E., JR.	819 N MAGNOLIA AVE.	OCALA FL
STD	ROBERTS, ETHEL	819 N MAGNOLIA AVENUE	OCALA, FL 34475
VD	ROBERTS, KEITH	819 N MAGNOLIA AVENUE	OCALA, FL 34475
000003455750-4 -11/07/00--01098--022 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERTS, WILLIAM
819 N MAGNOLIA AVE
OCALA FL ~~32670~~

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

34475

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

William H. Roberts

Date

10/19/00

REGISTERED AGENT MUST SIGN

11. 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:

William H. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00
Date

(352) 622-7117
Daytime Phone #