

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 4:35

DOCUMENT # F98000002441

1. Corporation Name

PERFORMANCE INVESTMENT INTERNATIONAL, INC.

Principal Place of Business

151 REGIONS WAY, BLDG. 3, STE. C
DESTIN FL 32541

Mailing Address

151 REGIONS WAY, BLDG. 3, STE. C
DESTIN FL 32541



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1998

Suite, Apt. #, etc.

P.O. BOX 5528

Suite, Apt. #, etc.

P.O. BOX

City & State

DESTIN, FL

City & State

DESTIN, FL

Zip

32540

Country

ORALCOOSA

Zip

32540

Country

ORALCOOSA

5. FEI Number 59-3507210

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S	BLENDEN, JOYMARIE E	151 REGIONS WAY, BLDG. 3, STE. C	DESTIN FL 32541

30000030389531--7
-11/09/99--01011--005
***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLENDEN, JOY E
151 REGIONS WAY, BLDG. 3, STE. C
DESTIN FL 32541

Name

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

4213 TURTLE CROSSING

Suite, Apt. #, Etc.

City

Niceville

State

FL

Zip Code

32578

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

Joy Marie E. Blenden

REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/26/99

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.

AD

SIGNATURE:

Norman Blenden Norman Blenden Oct. 26, 1999 850 650-3665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #