

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

DOCUMENT # F98000002441

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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	
P.O. Box 5528		P.O. Box		04/29/1988	
Destin, FL		Destin, FL		5. FEI Number 59-3507210	
32540 OKALOOSA		32540 OKALOOSA		APPLIED FOR	
				APPLIED FOR	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$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
S	BLENDEN, JOYMARIE E	151 REGIONS WAY, BLDG. 3, STE. C	DESTIN FL 32541
			3000030389531--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** Date: 10/26/99
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: Norman Blenden **AD** Blenden Oct. 26, 1999 850 650-3665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #