

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV -9 AM 9:53

DOCUMENT # HQ6138

1. Corporation Name

High Performance Classics, Inc.

WD4-39254

2. Principal Office Address

931 SR 434

Suite, Apt. #, etc.

201

City & State

Altamonte Springs FL

Zip

32714

Country

Seminole

3. Mailing Office Address

931 SR 434

Suite, Apt. #, etc.

201

City & State

Altamonte Springs FL

Zip

32714

Country

Seminole

REINSTATEMENT 85-04

4. Date Incorporated or Qualified
To Do Business in Florida

6-1-84

5. FEI Number

592531783

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$275 (Additional Fee required for Certificate of Status)

7. Name and Address of Current Registered Agent

Name

Dorothy Azar

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

931 SR 434

Suite, Apt. #, Etc.

#201

City

Altamonte Springs

State

FL

Zip Code

32714

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 10-20-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Dorothy Azar	931 SR 434 #201	Altamonte Springs FL 32715

600042104926

11/30/04--01028--010 **27.50

600042104926

10/22/04--01040--010 **2278.75

10. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 20, 2004 407 1015826

Date

Daytime Phone #

CR2081 (07/04)

** please Do Not Remove **

2/2

High Performance Classics, Inc.
931 St. Rd. 434. #201
Altamonte Springs, FL 32714
407-701-5826

October 20, 2004

To whom it may concern:

In 1984 my husband, LeRoy G. Azar, had our attorney form a corporation for the purpose of doing business as a Used Car Dealer. He did operate same for a few years. From the beginning, we never received an "Annual Report" form and were unaware one was due. During the last 10 years, my husband has suffered from very bad health, with 5 heart procedures. I have continued to file returns with the IRS, sales tax with the state and UCT6 forms; we have maintained a checking account. Our health insurance is through this 2-person corporation, even though we no longer are active.

Had we known of the reports we would have filed them along with the other responsibilities mentioned above. We became aware of the "annual reports" this year and I have enclosed our check in the amount of \$2297 to cover the filing for those years, as requested by your office. I appreciate you're waiving , any excess fees with penalties and interest involved in reactivating this corporation, from the States point of view. I realize this is only allowable one time, I am sure this will never have to be requested again.

Thanking you in advance

Dorothy M. Azar

