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ALL INSTRUCTIONS BEFORE  
FLORIDA DEPARTMENT OF STATE  
Katherine Harr  
Secretary of State  
BUREAU OF REGISTRATIONS

00 OCT 19 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

# PERFORMANCE WRAP INCORPORATED

Mailing Address

5722 SOUTH FLAMINGO RD.  
STE. 230  
COOPER CITY FL 33330

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/08/1989

5. FEI Number

65-0215631

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)

[illegible]

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

INGRAM, PATRICK T.  
5722 SOUTH FLAMINGO RD. #230  
COOPER CITY FL 33330

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State	FL
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Zip Code
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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

Date \_\_\_\_\_

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

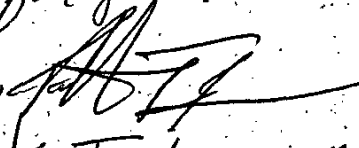
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Advanced Technology in Athletic Knee Support

To whom it may concern,

Today I spoke with a Dept. of State representative regarding Performance Wrap Inc.'s "active status". It seems our annual report was never received by your office. Our records indicate our accounting services sent out our report on February 16<sup>th</sup> 2000. As advised by the State Dept. representative we are sending our initial \$150.00 dollars again along with this letter of explanation. Please call me with any questions regarding this matter at, 954-455-9332

Thank you for your time,  
Very Truly Yours,   
PATRICK T. INGRAM

**Performance Wrap, Inc.**