


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K71283**

1. Corporation Name

PERFORMANCE WRAP INCORPORATED

Principal Place of Business

Mailing Address

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

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
DPS	INGRAM, PATRICK T.	5722 SOUTH FLAMINGO RD.	COOPER CITY FL

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

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

[Signature]
10/18/01 954-817-3132

APPROVED
AND
FILED

01 OCT 22 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



[Handwritten initials]

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1989

5. FEI Number

65-0215631

Applied For

Not Applicable

6.

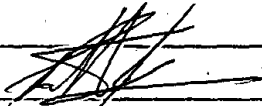
CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR02040 (8/01)

TO WHOM IT MAY CONCERN,

THE PREVIOUS NOTICES WERE
NOT RECEIVED. ANNUAL FEE IS
ENCLOSED. THANK YOU.


PATRICK T. INDRAM
PRESIDENT