

PLEASE READ ALL INSTRUCTIONS

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000003758

Name and Mailing Address

0002586 01 AT 0.292 **AUTO T1 0 0615 32566-728678

PHILLIPS PERFORMANCE PARTNERS, LLC
8269 GULF BOULEVARD, #703
NAVARRE BEACH FL 32566-7286



10/28 2003

2. New Mailing Address c/o Randy Chennault, P.O. Box 1749 City, State, Zip Chattanooga, TN 37401-1749		4. State/County of Formation FL	
Principal Place of Business 8269 GULF BOULEVARD, #703 NAVARRE BEACH FL 32566		5. Date Organized or Qualified To Do Business in Florida 03/27/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 62-1651339 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PHILLIPS, JOHN A JR 8269 GULF BOULEVARD, #703 NAVARRE BEACH FL 32566		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500024207975 10/28/03--01056--008 **150.00 City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

John A. Phillips
REGISTERED AGENT MUST SIGN

Date 10/20/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PHILLIPS, JOHN A JR.	8269 GULF BOULEVARD, #703	NAVARRE BEACH FL 32566
MGRM	CLEVENGER, JUDY P	1101 CENTERNIAL DRIVE	CHATTANOOGA TN 37405

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

John A. Phillips

Date

10/20/03

Daytime Phone #

423/894-2781

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)