

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 21 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1708000008975

1. Corporation Name

PERFORMANCE DEVELOPMENT FORMAT, INC

2. Principal Office Address - No P.O. Box #

2410 MONTE CARLO TR

Suite, Apt. #, etc

3. Mailing Office Address

P.O. Box 555674

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32805

Country

USA

City & State

ORLANDO, FL.

Zip

32805

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

9-26-2008

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAULA D. FORREST OR CLINTON SALTER

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

2410 MONTE CARLO TRAIL

Suite, Apt. #, Etc.

City

ORLANDO, FL.

State

FL

Zip Code

32805

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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]

REGISTERED AGENT MUST SIGN

Date JAN. 20, 2010

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
PRES	PAULA D. FORREST	2410 MONTE CARLO TRAIL	ORLANDO, FL. 32805
V.P.	CLINTON L. SALTER	3464 Demi-Fitz Court	ORLANDO, FL. 32805
TREAS.	DR. CHARLIE J. SALTER	3464 Demi-Fitz Court	ORLANDO, FL. 32805
REINSTATEMENT 09-10			
13 1/21/10			

10. E-mail Address: phaithwalker@netzero.net

(To be used for future annual report notification)

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. I further certify, 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]

CLINTON L. SALTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/2010 616-97725

Daytime Phone #