

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002319

1. Corporation Name

CUNNINGHAM PERFORMANCE AUTO & CYCLE, INC.

Principal Place of Business

4006 PROGRESS AVENUE
NAPLES FL 34104

Mailing Address

4006 PROGRESS AVENUE
NAPLES FL 34104



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2000

5. FEI Number

59-3617324

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	CUNNINGHAM, FLOYD W	4006 PROGRESS AVE	NAPLES FL 34104
			500023922515 10/20/03--01006--001 **150.00
			10/20/03--01006--001 **150.00

8. Name and Address of Current Registered Agent

CUNNINGHAM, FLOYD W III
4006 PROGRESS AVENUE
NAPLES FL 34104

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
REGISTERED AGENT MUST SIGN

Date 10/8/03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

Daytime Phone #

CR20040 (7/03)

Brigid D. Soldavini CPA, P.A.

5455 Jaeger Road
Naples, FL 34109
OFFICE 239-591-4747 • FAX 239-591-2991

October 08, 2003

Florida Department of State
Division of Corporations

RE: Cunningham Performance Auto & Cycle, Inc
Document # P00000002319

Dear Sirs:

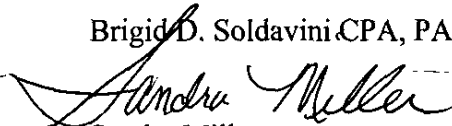
This letter is on behalf of Cunningham Performance Auto & Cycle, Inc.

The officer of this corporation first realized that the Uniform Business Report had not been filed when they received your Notice of Dissolution. This oversight was due to new office personnel, who was not aware of the filing requirements.

We have enclosed a check for \$150.00 along with the reinstatement form. Please accept our request to activate the corporation, and be assured that office management has been informed of future filings.

Thank you in advance for your co-operation in this matter.

Brigid D. Soldavini CPA, PA



Sandra Miller