

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 FEB 18 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000018228

**1. Corporation Name**

High Performance Martha's Arts Inc.

300005022543--9

-02/27/02--01009--010

\*\*\*\*300.00 \*\*\*\*300.00

**2. Principal Office Address**

930 Marcom Road

**3. Mailing Office Address**

Suite, Apt. #, etc.

9

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Zip

33809

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2.21.00

**5. FEI Number**

59-3627112

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

David A. Hurley

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

781 Glendale Street

Suite, Apt. #, Etc.

City

Lakeland

State  
FL

Zip Code

33803

**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

David A. Hurley

Date

REGISTERED AGENT MUST SIGN

**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	David A. Hurley	781 Glendale Street	Lakeland, FL 33803
V.P.	W. Ross Kellin	4639 San Antonio	Lakeland FL 33813
T	David A. Hurley	781 Glendale Street	Lakeland FL 33803

**10. 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:**

David A. Hurley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.11.02

Date

863-838-6777

Daytime Phone #

CR2E081 (9/01)

I did not receive the uniform Business Report  
Due to the Business Relocation

Thank you.

David A. Hurley  
HPM Inc Pres