

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P00000034972

1. Corporation Name

PERFORMANCE LEASING, INC.

Principal Place of Business

2000 WEST COLONIAL DRIVE
ORLANDO FL 32804

Mailing Address

2000 WEST COLONIAL DRIVE
ORLANDO FL 32804

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

04/06/2000

5. FEI Number

59-3642024

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
PDVD	WELLER, RICHARD	2000 WEST COLONIAL DRIVE	ORLANDO FL 32804
CTS	WELLER, RICHARD	2000 WEST COLONIAL DRIVE	ORLANDO FL 32804

200008759202
11/01/02 01058 025 **150.00

8. Name and Address of Current Registered Agent

WELLER, RICHARD
2000 WEST COLONIAL DRIVE
ORLANDO FL 32804

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/19/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/02

407-808-2112

Date

Daytime Phone #

CR2E040 (8/02)

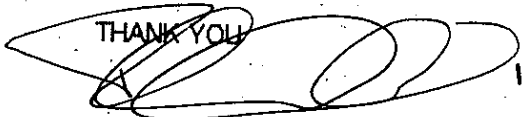
BESTWAY AUTOMOTIVE EXCHANGE
2000 W COLONIAL DR
ORLANDO FL 32804
407-246-1910

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
400 EAST GAINES ST
TALLAHASSEE FL 32399

ENCLOSED PLEASE FIND OUR CHECK IN THE AMOUNT
\$150.00 THIS IS FOR REINSTATEMENT OF CORPORATION.

WE ARE SORRY THAT THIS IS LATE, HOWEVER WE
DID NOT RECIEVE THE FIRST NOTICE.

THANK YOU


RICARD M WELLER
PRESIDENT
BESTWAY AUTOMOTIVE EXCHANGE

10/19/02