

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000045279**

1. Corporation Name

PERFORMANCE CERTIFICATIONS, INC.

Principal Place of Business

8522 GULF BLVD. #2
NAVARRE BEACH FL 32566

Mailing Address

8522 GULF BLVD. #2
NAVARRE BEACH FL 32566

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/2000

5. FEI Number

59-3646161

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WEATHERFORD, HENRY L	8522 GULF BLVD, #2	NAVARRE BEACH FL 32566

790812709777
02/19/03--01007--006 **900.00

REINSTATEMENT 02-03

TO

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LYNCHARD, R LANE
1811 AKHAMBRA STREET
GULF BREEZE FL 32566

Name

R. Lane Lynchard

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

1807 Alhambra St.

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *February 13, 2003*

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.

HENRY L. WEATHERFORD

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2003
Date

259-3282
Daytime Phone #

CR2040 (8/02)