

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000117956

1. Corporation Name

P.R. PERFORMANCE, INC.

Principal Place of Business

Mailing Address

705 N. GARFIELD AVENUE
DELAND FL 32724

705 N. GARFIELD AVENUE
DELAND FL 32724

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

2. New Principal Office Address, If Applicable

640 N PENINSULA DR
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1621 HERALDY LANE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/2000

5. FEI Number

59-3532736

Applied For

Not Applicable

City & State

DAYTONA BEACH FL

City & State

GREENSBORO NC

Zip

32118

Country

Zip

27455

Country

GUILFORD

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
B	BENEDICT, TYLER	705 N. GARFIELD AVENUE	DELAND FL 32724
D	BENEDICT, TYLER	1621 HERALDY LANE	GREENSBORO NC 27455
			400007629514--2 -09/10/02--01037--001 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

FLORIDA STATE ACCOUNTING, INC.
533 N. NOVA ROAD
SUITE 115
ORMOND BEACH FL 32174-4421

9. Name and Address of New Registered Agent

Name

JIM BENEDICT

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

640 N PENINSULA DR

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32118

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.

Signature of
Registered Agent

James L. Benedict
REGISTERED AGENT MUST SIGN

Date

7/15/02

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:

James L. Benedict
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/02

Date

336-540-9476

Daytime Phone #

CR2E040 (8/01)