

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG -8 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9010000 22258

1. Corporation Name

TLR PERFORMANCE, INC.
283 SW HUNTINGTON GLEN
LAKE CITY, FL. 32024

2. Principal Office Address - No P.O. Box #

283 SW HUNTINGTON GLEN

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE CITY, FL.

City & State

Zip

Country

32024

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/2/01

5. FEI Number

65-1090277-1

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LACHANCE, TODD B.

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

283 SW HUNTINGTON GLEN

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32024

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|----------------------|
| P/D | LACHANCE, TODD B. | 283 SW HUNTINGTON GLEN | LAKE CITY, FL. 32024 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

100134094941
08/08/08--01003--018 **458.75

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 contained in Chapter 119, 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:

Todd B. Lachance

TODD LACHANCE

08-4-08

386-5279330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-08

8/8